infor-	state	UPA.	
Jo 1	plnc	220	
iten	she	Jo	
. Erery	ICIANS	tement	/
SED SED	HYS	7	
REC	Y. /P	Exact	
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	d E	erly	cate
IS A	state	prope	certifi
HIS	pe	pe	of
K-T	pluods	t may	n back
A Co	GE	hati	10 80
NIC	Y	so t	ction
UNFAI	ipplied.	terms,	TION is very important. See instructions on back of certificate.
H	ly St	lain	See
WI	eful	in p	ant.
LY,	car	TH	port
E	ld be	DEA	v im
PI PI	shou	OF	Ver
RITIE	ion	USE	N. IS
ZWI	mat	CAL	TIO

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	F DEAT	Н			161.2	0.47.23
	CountyF	reder	ick	-110000	her and	Registration	Dist. No. 12
	Village or Ci					No. Frederick City Hosp	
						death occurred in a hospital or institution, give its NAM	E instead of street and number)
	Length of resid	dence in city	or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?.	yrs mos ds.
2	. FULL NAI	MEB	aby Girl	Abrecht			
	(a) Residence	ce: No				St., Ward. Buckeystown	
Lorenzo				(Usual place			give city or town and State
				ICAL PARTI		MEDICAL CERTIFICATE	OF DEATH
3. 3	Female		or RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 2 (Month)	8th. , 1935 (Dey) (Yeer)
5a.	If merried, widows	ed, or divor	ced				
	(or) WIFE of					1 HEREBY CERTIF	Y. That I attended deceased from
6. 1	DATE OF BIRTH (month, dey,	end year)	ril 27,	1935	I lest saw y er elive on	274 , 1934 ; death is said
-	AGE Year		Months	Deys	If LESS than	to heve occurred on the date steted bove, et 2.3	cam.
			0	1	I day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceu-	
z	8. Trade, profession, or perticuler				Shirly TV	535 Date of onset	
ATION	SAWYER,	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				1501	20
A.	9. Industry or 1 work was					Consenter.	1 Hum
occi	SAW MIL			11 Total ti	me (years)	ATTOO	1 ser
ŏ	this occup	etion (mon	th end	sper	nt in this	MACK	
			37 3	3		Other Contributory Causes of importence:	
12.	BIRTHPLACE (cit (State or coun		ary.ta	ad		-	
2			brecht	A			
FATHER			7.6	arvland			
FA	14. BIRTHPLACE (Stete or		/n)	AT Y BULLET		Neme of operation	14
2	15. MAIDEN NAT		F. Ing	ram		What test confirmed diagnosis?	
MOTHER			Mary			23. If death was due to external ceuses (VIOL ENCE) fi	· ·
MO	16. BIRTHPLACE (State or		/n)	*****		Accident, suicide, or homicide?	Date of injury, 19
		r. F.	A. Abre	cht , 9.		(Specify eity of Specify whether Injury occurred in INDUSTRY, In H	r town, county and State)
17.	(Address)	Buck	reystown			Specify whether injury occurred in INDOSTRY, in AV	THE, OF HI PUBLIC PLACE.
18.	BURIAL, CREMAT				sboro, inc.	Manner of injury	
	Place_Chill	rch of	God Ce	m Date Apri	1 29, 19 35	Nature of injury	
		M. R.	Etchiso	n & Son		24. Was disease or injury in any way related to occur	nation of deceased? . M.1
19.	UNDERTAKER (Address)		erick, M			If so, specify	ation of deceased.
20.	FILED 24 - a			0	mly.	(Signed)	Hollen. M. D.
		U	If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting V. S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MA) O PAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1				
0	1	-	-3	- 0	1
6.7	- V	-2	-59	- 1	1

1. PLACE OF DEATH	159
County tredericks	Registration Dist. No. 132.
	No. St., Ward Of death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Infant Bake (a) Residence: No. Infante town (Usual place of abode)	A, St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cofr. 28 193.35
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Mg/m) (Day) (Year) 22. OI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, ————————————————————————————————————	I last faw here alive on after 28, 19; death is said to have occurred on the date stated bove, at 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc	Premalus &
12. BIRTHPLACE (city or town) Didletourn (State or country)	Diher Contributory Causes of Importance:
13. NAME Hand Balley 14. BIRTHPLACE (city or town) Maryland (State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR, REMOVAL Cemetery Price 190, 193.	Manner of injury
19. UNDERTAKER Jackhijh (O. M.) (Addiess), 1935 h. Joayson Danner Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	
of death and related causes s follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
auses of importance:	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	031	31
County I rederick	Registration Dist. Np.	57
Village or City TATE SANATORIUM MI	No. St.	Ward
· · · · · · · · · · · · · · · · · · ·	death occurred in a horpital or institution, give its NAME instead of street and ni death occurred in a horpital or institution, give its NAME instead of street and ni mo:	umber)
2. FULL NAME YEARTH J. B. C.	1 ON 01. N	sus.
(a) Residence: No. 1818 Chilton (Usual place of abode)	St., Ward. Baltumore If nonresident give eity or town and s	md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OWNED 28	193. 5 (Yeer)
5e. If married, widowed, or divorced HUSBAND of German Ger	22. I HEREBY CERTIFY, That I attended d	leceased from
6. DATE OF BIRTH (month, day, and year) Way. 26. 1892		; death is said
7. AGE Yaars Months Oays It LESS then 1 day,hrs.	to have occurred on the date stated abova, at 11:05 Am.	
7 3 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH end reletad causes of importance were as follows:	Date of onset
Jeade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Pulmonary Tuberculo	us Dec 1926
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Coutributory Causes of importance:	
13. NAME Yes. J. 13 avereis		
14. BIRTHPLACE (city or town)	Name of oparation Date of What test confirmed diegnosis? Chapt X 1ay 4 Poswes there an au	nopsy? No
15. MAIDEN NAME MUSSILE Rode	23. If daeth was due to externel causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) VN &. (State or country)	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Horry ct Barbereis (on admission (Addrass) 1818 Childon St. Baltomá.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, DR REMOVAL Place College Date Information	Manner of injury	
19. UNDERTAKER M. L. Credocals (Address) Flynmont All Ma.	24. Was disaase or injury In any way related to occupation of daceased? If so, specify	no
20. FILED. 19.35 Resistrar	(Signed) Lewar S. Marje	M. D.,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. _St.,__ If nonresident give city or town and State MEDICAL CERTIFICATE/OF DEATH (Day) (Year) CERTIFO That I attended deceased from Date of onset (Specify city or town, county and State)

(Address) - dilla If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- Committee of the comm	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH

0.8143

1. PLACE OF DEATH	1 ,	.,,,,		92-0)	7
County #33	XX,			Registration Dist. No.	
Village or City	bent	yloc	un	NoSt.,	Ward
Length of residence in city	as town whose Van	6	9 vrs mos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
1	1	1//	/yis	ds. How long in 0.0. d of following butting	103,
2. FULL NAME	gangle	e Hes	any of	lace	
(a) Residence: No	SVET	Wsual place of	f abode)	St., Ward. If nonresident give eity or town an	d State
PERSONAL AND	STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	OR RACE S		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Ar. 29	, 1930 (Year)
5e. If merried, widowed, or divorce HUSBAND of (or) WIFE of	of zu	. Be	all	22. I HEREBY CERTIFY That I ettended	d deceased from
6. DATE OF BIRTH (month, dey, a	nd year)	an. 13	,1863	Ylast saw harman alive on Offer 26 , 1930	; deeth Is said
7. AGE Yeers	Months	Deys	If LESS than 1 day, hrs.	to have occurred on the date stated above, et 6.20 a.m.	
72 721	3	14	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Note that the state of the stat	SPINNER, R, etchich K MILL,	1. Totel ti	me (vears)	Chronic Endocarditis	Unituon
this occupation (month	and		t in this 50	Dther Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	Dever	and.	 	10.79 14	
1	hingto	See E.	Beall	WY horris	4 years
13. NAME Tas 14. BIRTHPLACE (city or town (State or country)) foles	restyla	id.	Name of operation Dete of Whet test confirmed diagnosis? Was there en	
15. MAIDEN NAME	ne to	leert	erry	23. If deeth wes due to external causes (VIDL ENCE) fill in elso the followle	ng:
16. BIRTHPLACE (city or town (State or country)) Lebe	mile	earl	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT (Address)	Tople	eall	ZU.D.	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	
18. BURIAL, CREMATION, DR REM	10VAL	h		Menner of injury	
Place Fairer	out low.	Dete_ Out	7.29,1830	Neture of injury	
19. UNDERTAKER 6- (Address)	M. The	16 1	nd;	24. Was disease or injury In any way releted to occupation of deceased?	
20. FILEOPhil27, 19	15 M	2 Cm	Registrar.	(Signed) Isa It Deall (Address) Liberty Low	M. D.
	If more ble	inter are needed a	ddress State Registrar	2417 N Charles Street Baltimore Requesting 71 S No. 1	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		82-0
County Fred.		Registration Dist. No. 137
Village or City Thus	illebist	No. St., Ward
Length of residence in city or town where dea		f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
2. FULL NAME Leanus	r 13	l a A K
		C4 Word
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female W 5	S. SINGLE, MARRIED, WIDOWED, OR DIVDREED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Black	22. I HEREBY CERTIFY, That I attended deceased from
78100 47	Islanto	12-19-1934,10-4-7-,1930
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h; death is said to have occurred on the date stated above, at
69 2	/ 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	ormin.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Cerebrot Lewonboy of my
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		
13. NAME Eobeneser	Pfouts	
14. BIRTHPLACE (city or town)	1, 0	Name of operation Data of
(State of country)	ma,	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary	Metz	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	40	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MISS JESSE (Address) William B	udge met	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL		Manner of Injury
Place Blaner Date Upul 19, 1935		Nature of injury
19. UNDERTAKER POWER TO	Waugh	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Apr. 8 , 1955 0 12,1	Dufulsus Registrar.	(Signed) Address Address Dock R. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ł	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH				
county or rederick our	Registration Dist. No. 139			
Village or CHOTATE SANATORIUM	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs, mos.				
2. FULL NAME William J-13	olek ant.			
(a) Residence: No. 1815 Hermeman	asa re Ward. Baltimore ma			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
1. SEX 1. COLOR OR RACE OR DIVORCEO (waste the word)	21. DATE OF DEATH (Month) (Oay) (Year)			
5a. If married, widowed, or divorced HUSBANO of				
(or) WIFE of	22. JI HEREBY CERTIFY. That I ettended deceased from			
6. OATE OF BIRTH (month, day, and year) Law, 13.1909	I last saw him alive on Oxfril 18, 1935; death is said			
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1. D: 40A.m.			
26 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:			
Trade, profession, or particular kind of work done as SPINNER	Oate of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	DA TIL Jel			
SAW MILL, BANK, etc.	1 Milmonury werculosis 1933			
10 Date deceased last worked et 11. Total time (years)				
this occupation (month and tel. 1933 spent in this 7 yrs				
12. BIRTHPLACE (city or town) Waruland	Other Contributory Causes of importance:			
(State or country)	Tuberculous Larynallis			
13. NAME JOSEPH Y3 CLER 14. BIRTHPLACE (city or town) MA.	1 7			
14. BIRTHPLACE (city or town)	Name of operation Date of Date of			
(State of country)	What test confirmed diagnosis? Crust X ray Flowwas there an autopsy? Wo			
15. MAIDEN NAME Trances Walik	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
145 0 12 0 100	Where did Injury occur? (Specify city or town, county and State)			
(Address) \ 815 E. Vermeman ave Balto.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Piace 12 allo. VIII Date Invitaria	Nature of injury			
19. UNDERTAKER M. L. Creatage.	24. Was disease or injury in any way related to occupation of deceased?			
(Address) Thurmonth My ma	If so, specify 1			
20. FILEO 11/125 19	(Signed) Servar 8. Shaffer M. O.			
Registrar.	(Address) State Sanatorining			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 19	915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage July &	5,1927	Peritonitis	3 days ago
(Q. V. 8	1 1		
	A. C.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May.	1,1923	Gastrocnteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(41740)
County Fredericks	Registration Dist. No. 134
Village or City Mar bimmilehur	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME THAN W= Bolling	
(a) Residence: No. Ohnutaku a	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. THEREBY CERTIFY, That I altended deceased from
	16 1035 to april 8 1935
6. DATE OF BIRTH (month, day, and year)	I last saw him alive on Am 19 195; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Oh Hame SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL	and an I mening your
SAW MILL BANK ata	Compyeina april 14.
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
hear 6. The	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME CALO, DALLING LA 14. BIRTHPLACE (city or town) Committed Light Color or country)	Name of operation work Oate of roal
(State or country)	What test confirmed diagnosis lessed 4000 Was there an autopsy? No
15. MAIDEN NAME/Margarethe Willen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME/Magarette begge	Accident, suicide, or homicide? Date of injury, 19
(State or equify)	Where did injury occur?
17. INFORMANT Charles Sollings	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ammilating Oatelly 20, 1935	Nature of injury
19. UNDERTAKER Ma Crebagy Harry (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 422/9, 19.35 M. F. Shuff	(Signed) WR Vadle M.D. (Address) Zumuthha W.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (Nov Dalvo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. Length of residence in city or town where death occurred allen 2. FULL NAME Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Osto of onset 8. Trada, profession, or particular kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, as SILK MILL, E SAW MILL, BANK, etc U 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation Contributory Causes of importance 12. BIRTHPLACE (city or town) (State er country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury LION 24. Was disease or injury in any way retated to occupation of deceased? (Address)

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RESERVED

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Example 1	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING WAITE PLANKLY, W.

N. B.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	93-0
	County In Intence Hospita	L, Frederick Registration Dist. No.
	Village or City Frederick	No Manton O Slaver Tal
	(IF	death occurred in a hospital or institution, give its NAME initead of street and number)
	Length of residence in city or town where death occurredyrsmos	s. 15 ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Hallie Bayore	
	(a) Residence: No. Mew Market m.	d, St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write tha word)	Upre t 1930
	58. If marriad, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of Of A A A	22. I HEREBY CERTIFY, That I attended deceased from
	EDITE OF BIOTH (STATE)	March 10, 1926, to free 4, 19 00
ate	6. DATE OF BIKIH (Month, day, and year)	I last saw have alive on the back of 1932; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at
cert	9 Trada orofascino or particular	were as follows:
of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	7
back	4 9. Industry or business in which	- La Contraction of the Contract
pa 1	SAW MILL, BANK, etc.	
instructions on	this occupation (month and spant in this	
ions	4n-12 1.00	Other Contributory Causes of importanca:
uct	12. BIRTHPLACE (city or town) (State or country)	7
str	W 13. NAME sursavers	The Belevous 1733:
	E	
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
ıt.	15. MAIDEN NAME MISSIOURI.	What tast confirmed diagnosis?
important.	16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
l pol	(Stata or country)	Where did Injury occur?
	17, INFORMANT Puth Sking Clerk	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
is very	(Address) natione maderially	
18	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Z	Place Milliant Cambate April 0, 1900	Nature of injury
TION	19. UNDERTAKER / UN : Alcheson of For	24. Was disease or injury in any way related to occupation of deceased?
	(Address) fractivels Mid	If so, specify
)	20. FILED 5 - Chail, 1935 Jan. na. undy	(Signed) / 2 / M. D.
	Registrar.	(Address) Describe From
	1, more viantes are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

/	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF D	EATH				

	-31			
1	15	1	A	1)
	du	3		27

		2 - 1 - 1-		often Adv	12	51			
	County_E	rederick		nin the Corp	Registration Dist. No.	2			
	Village or C	ity Freder:	ick		No. Frederick City Hospital St.,	Ward			
	landhar 1			')	If death occurred in a hospital or institution, give its NAME instead of street and n				
	Length of resi	idence in city or town where de	ath occurred	yrsmo:	sds How long in U.S. if of foreign birth? yrs mo	is. ds.			
-	2. FULL NA								
	(a) Residen	ce: No. 228 South	Carroll ?	Street	St., Ward.				
	(4) 110812011		(Usual place of		If nonresident give city or town and	State			
	PERSON	IAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH				
3.	SEX	4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH				
N	ale	White	or Divorced	(write the word)	April 28, 1935	. 193			
5a	. If married, widow	red, or divorced			(Month) (Oay)	(Year)			
	HUSBAND of (or) WIFE of				22. LHEREBY CERTIFY, That I attended	deceased from			
	(47, 7772 47				april 78 h 1935, 10 Report 25	19.35			
6.	DATE OF BIRTH	(month, day, and year)	suary:	21.19.3	Dilast saw him alive on aprel de 0 19 51	: death is said			
	AGE Yea		Days 1	If LESS than	to have occurred on the date stated above, at 11:00 A. M.				
	-	3 2	200	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes-of importance				
	O Trada avefe	oin a satinta		ormin.	were as follows:	Date of onset			
ON	kind of v	ssion, or particular work done, as SPINNER,	None		auto Carlin delatation	7756			
E		BOOKKEEPER, etcbusiness in which			· Mulla Willed asidilation	7.65.35			
3	Work was	s done, as SILK MILL, L, BANK, etc							
S	10. Date decease	ed last worked at	11. Total time	e (years)					
0	this occu year)	pation (month and	spent i	in this					
			1 0		Other Contributory Causes of importance:				
12	State or cour								
~					- Allausternotono	4-20.35			
HER	13. NAME	Charles Raymon	d Bussard		Throughtalist diarrhy	4-20.35			
AT	14. BIRTHPLACE				Neme of operation Date of				
L&-	(State or	country) Maryla	nd		What test confirmed diagnosis? ZURE Was there an a	utopsy?_//			
ER	15. MAIDEN NA	ME Ruth Cati	herine La	mpbert	23. If death was due to external causes (VIOL ENCE) fill in also the following				
OTH	16 BIDTUDI ACE	(city or town)			Accident, suicide, or homicide? Oate of injury				
×		country) Mary	land		Where did injury occur?	, 40			
					(Specify city or town, county and State	e)			
17.	(Address)	Charles R. Ru			Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	(CE.			
18		228 South C	arroll St	reet					
		. Olivet Cem.	Data 4/30	/35 10	Manner of injury				
-	11000	***************************************	- Ud(8		Nature of injury				
19	UNDERTAKER	M.R. Etchis	on & Son		24. Was disease or injury In any way related to occupation of deceased?	160			
	(Address)	Frederick	Maryland		If so, specify	f-1/			
20	FILEO 20 - a	bx. 1035 Da a	Ah.C.	0 /-	(Signed) MAY: MAURITE	L. M. O.			
20.	TILCUSE	19.75.000	yan in like said	Registrar.	(Address) The late of the	111			
-					1 / - 1 / - 1				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	(1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

0	very item of infor- ANS should state nent of OCCUPA.
BINDING	PERMANEN F. RECORD. E I EXACTLY. PHYSICI rly classified. Exact staten ate.
FOR	IS A stated proper
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, W. M. UNFADING INK—THIS IS A PERMANENT-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. Youl	N. B.—WRITE PLAN mation should by CAUSE OF DEA

1. PLACE OF DEATH COUNTY COU	Lob STATE C	OF MARYLAND-	-CERTIFICATE OF DEATH	150
Village or City Methods. Machine Bould Bou			211-m	-
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. New Color or Race (b) Residence: No. New Color or Race (c) Residence: No. New Color or Race (d) Residence: No. New Color or Race (e) Residence: No. New Color or Race (e) Residence: No. New Color or Race (f) Residence: No. New Color or Race (g) New Color or Race (g) Residence: No. New Color or Race (g) Residence: No. New Color or New	0 1		Registration Dist. No.	4
Length of residence in city or town where dash occurred	Village or City between 1	moximele & Buch	Mastorille St.,	Ward
(a) Residence: No. ALAN STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE OR DYORCED Countre the world So. If married, undowed, or divorced (cr) wife of E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day, hrs. 1 day, what satisfied above, at. 2 m.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: 2. I HERE BY CERTIFY, That I attanded deceased from the principal causes of importance ware as follows: 2. I HERE BY CERTIFY, That I attanded deceased from the principal causes of importance ware as follows: 2. I HERE BY CERTIFY, That I attanded deceased from the principal causes of importance ware as follows: 2. I HERE BY CERTIFY, That I attanded deceased from the principal day of the principal	Length of residence in city or town where	daath occurredyrsm		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Camire the word) 53. If married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5. Trade, profession, or particular married, without the word of the state of the profession of particular married, without the word of the state	2. FULL NAME Alfe	A K Cas	the	
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word) 38. If merited, widowed, or divorced 193	(a) Residence: No. mean	(Usual place of abode)		State
OR DIVORCED (waite the world) So. If merried, widewed, or divorced HUSBAND (Part) B. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. min. 8. Trade, profession, or particular kind of work done, as SPINNER. SAVER, BOOKKEER, alc. 9. Industry or business in which was done, as SIK MILL, SAW MILL, BARK, atc. 10. Date deceased last worked at span in this spa	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, first or. min. 8. Trade, profession, or particular SAWYER, BOOKKEFFER, BIRE. SAWYER, BOOKKEFFER, BIR. SAWYER, BOOKKEFFER, BIRE. SAWYER, BOOKKEFFER, BIR. SAWYER, BOOKKEFFER, B	Make White 5a. If married, widowed, or divorced HUSBAND of	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	_ Upul (Day)	, 193 5 (Yaar)
1. AGE Years Months Days If LESS than 1 day, this of the profession, or particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of particular Mind of work done, as SPINNER, Months of the profession of the profes	(or) WIFE of		22. I HEREBY CERTIFY, That I attanded	
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, DOWNER, BOOKMEPER, Pate. 9. Industry or business in which cause in which cause in this occupation (month) and country or business in which this occupation (month) and country) 10. Date deceased last worked at this occupation (month) and cocupation (State or country) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT / MAS JULIAN Kafaura (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Malla A A A A A A A A A A A A A A A A A A	6. DATE OF BIRTH (month, day, and year)	Nov. 10, 1903	Hast saw h. Howard Clearl., 19	
8. Trade, profession, or particular sind of work done as SPINNER, DATA AND AND AND AND AND AND AND AND AND AN				
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13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AND Fellian Refaurer (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Will Consider Data Mail 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED (State or country) Name of operation. What test confirmed diagnosis? Was there an autopsy? Accidant, suicide, or homicida? (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, on in PUBLIC PLACE, Mannar of injury 24. Was diseasa or injury in any way related to occupation of dacased? If so, spacify (Signad) M. D.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and yaar)	spent in this	Other Contributory Canses of importance:	
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AND FULLIA MAGE 18. BURIAL, CREMATION, OR REMOVAL Place Utical Cemeters, Data Mag. 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Pastle		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT My Lillian Refaure (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lillian Cemetery, Data My 18. Data My 2. 17. 18. Data My 2. 17. 18. Data My 2. 18. Data My 2. 18. Data My 2. 18. Data My 3. 18. Data My 4. 18. Data My 4. 18. Data My 4. 18. Data My 5. 18. Data My 5. 18. Data My 5. 18. Data My 5. 18. Data My 6. 19. Data My 6. 19. Data My 6. 19. Data My 6. 19. Data My 6. Data M	14. BIRTHPLACE (city or town)	and	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Lillian Refaurer (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lillian Cemetery Data Mrs. 18. Data Mrs. 2 th 2 th 3 th 3 th 4 th 3 th 4 th 3 th 4 th 4	(Stata of country)	1100		
20. FILED July 17, 1935 Uno 12 S. Hed 10 (Signad) Allem Showing M. D.	17. INFORMANT Mus Zillian Key (Address) Fuderic 18. BURIAL, CREMATION, OR REMOVAL	Miller Ard Sauver & mel	23. If death was due to external causes (VJOLENCE) fill in also the following Accidant, suicide, or homicida? Whera did injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, on in PUBLIC PLA	1519.35 Rathing
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20. FILED JULY 1935 CLU		(Signad) (Addrass) (Addrass)) M. D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street ear 1 week ago Chronic interstitial nephritis 1921 July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1	N. B.—WRITE PLANKLY, WHAT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
S. No.	B.		-		
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STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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1. PLACE OF DEATH			(92-0)		_
County Frederick		2211112222222222	Regis	tration Dist. No. 12	2
Village or City Walkersvil			NOdeath occurred in a hospital or institution, give it		
Length of residence in city or town where	teath occurred5	Oyrsmos	ds. How long In U.S. if of foreign b	Irth?yrsn	nosds.
2. FULL NAME Mrs. Alice (a) Residence: No. Walkers	Virginie ville, Md.		St., Ward.	nresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFI	CATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH APPIL	23 (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of George	W. Cecil		22. I HEREBY CER	RTIFY That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 65 4 8. Trade, profession, or particular kind of work done, es SPINNER, sawyer BROKKEFER att.	December Days 16	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH and rele were as follows:	11.05 mP·M.	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	At Hom	sewife me (yeers) nt in this 45	Other Contributory Causes of importance:	Lieuneg	1934
(State or country) Md.	Reddick				
14 BIRTHPLACE (city or town)	Md •		Name of operation		
15. INFORMANT Mr. George W.	Cecil		23. If death was due to external causes (VIOL Accident, suicide, or homicide? Where did injury occur?	ENCE) fill in also the following Date of injury	ng: , 19
(Address) Walkersvil 18. BURIAL, CREMATION, OR REMOVAL MM Plece Woodsboro, Md.	. Hope/Ce	26 ₁₉ 35	Manner of injury		
19. UNDERTAKER M. R. Etchisco (Address) Frederick, 20. FILED 24. 24. 35.	on & Son Md.	auffer,	24. Was disease or injury in any way related If so, specify (Signed) (Address)	W. Dong) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LET TEAU VISCO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Exact statement

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CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

certificate.

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See instructions on back

TION is very important.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1	. PLACE O		NIE O	r MAR	YLAND—	CERTIFICATE OF DEATH	
		rederick			Within the Co	Registration Dist. No. 13	
	Village or (Aug. 19	erick			No 220 E. Fifth St Warr	1
	Length of res	sidence in city or	town where de	eath occurred	5 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
2		ME Mrs.		'th		St., Ward. If nonresident give city or town and State	
o bertelli	PERSON	NAL AND S	TATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex female	4. COLOR OR				21. DATE OF DEATH April 20th. 5	_
5a.	If married, wido HUSBAND of (or) WIFE of	Roy A.	Cline				n
6.	DATE OF BIRTH	(month, day, and	year) Jij	v 25. 18	84	Hast sawn er dive on Opn 26 , 1935; death Is sai	d
	AGE Ye	sars 50	Months 8	Deys 25	If LESS than 1 day,hrs.	to heve occurred on the date steted above at	-
NO	8. Trade, profe kind of SAWYER	ession, or particu work done, as Si R, BOOKKEEPER,	lar PINNER, Ho	oudewife		Chang mention 82	1
TA T	9. Industry or work wa	business in which as done, as SILK ILL, BANK, etc	MILL,	home	No. 220 E. Fifth No. 220 E. Fifth (If death occurred in a horpiral or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth? St. Ward. (Unualplace of abode) St. Ward. (Unualplace of abode) St. Ward. SINGLE MARRIED, WIDOWED, OR DIVORCED ("write the word) 21. DATE OF DEATH April 20th. 22. If EREBY CERTIFY that I attended decessed from the date stated blowght. 13. Total time (years) spent in this 25 occupation Other Contributory Causes it importance: What test confirmed diagnosis? Ward the properties of injury. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Inju		
000	10. Date decear this occu year)	sed last worked a upation (month ar	at 16/31	spe	ntin this 25	June Mystorhan	4
12.	BIRTHPLACE (c	ity of town)	ryland			Other Contributory Causes of importance:	-
23	13. NAME NO	enderson	T. Cas	tle		1 John	-
FATHER		E (city or town).	Maryla	ind		AA	
EB	15. MAIDEN NA	AME SI1	zabeth	0			-
MOTH		E (city or town)_ or country)	Paryl	and		Accident, suicide, or homicide?	
17.	INFORMANT			ne	* *	(Specify city or town, county and State)	
(Address) Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Middletown Luthera Date April 22,1935							
19	. UNDERTAKER (Address)	M. R. Ft		& Son			
20.	FILED 22			re & D	n Carle Registrar.	(Signed) Thursday M.	D
			If more b	blanks are needed,	address State Registral	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

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ds. How long in U.S. if of foreign birth?	yrs mos. ds.
Vivilliss	
St., Ward.	ent give city or town and State
MEDICAL CERTIFICAT	
21. DATE OF DEATH	d d
Afril Month)	(Oay) , 193 5 (Year)
afrif 8, 1935., to I last saw her alive on afrif to have occurred on the date stated above, at 81.	
The PRINCIPAL CAUSE OF DEATH and related ca	
Cronix / alsu	lar Date of onset
It sast Tru	1925
	2.2.
Other Contributory Causes of importance:	
Coming Satisfies	0
Coronic Tateslite	2
1 ephriti	2
Name of operation.	Date of
Name of operation.	Date of
Name of operation.	Was there an au'opsy?
Name of operation	Was there an au'opsy?
Name of operation	fill in also the following: Date of injury, 19
Name of operation	fill in also the following: Date of injury
Name of operation	fill in also the following: Date of injury
Name of operation	fill in also the following: Date of injury
Name of operation	fill in also the following: Date of injury, 19 or town, county and State) HOME, or in PUBLIC PLACE.
Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) Accident, suicide, or homicide? Where did Injury occur? (Specify city Specify whether injury occurred In INDUSTRY, in Manner of Injury Nature of injury 24. Was disease or injury in any way related to occurrent.	fill in also the following: Date of injury, 19 or town, county and State) HOME, or in PUBLIC PLACE.
Name of operation What test confirmed diagnosis?	fill in also the following: Date of injury, 19 or town, county and State) HOME, or in PUBLIC PLACE.
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If more blanks are needed, address State Registrar, 24

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RESPAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. / O ds. How long in U.S. if of toreign birth? yrs. mos. RD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If-married_widowed, or divorced HUSBAND of HEREBY CERTLEY. That I attended deceased from (or) WIFE of E certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days It LESS than to have occurred on the date stated above, at proper I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. were as follows: Date of onset 8. Trade, profession, or particular ATION S kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc.. back may Industry or business in which plnods work was done, as SILK MILL. SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased last worked at on this occupation (month and spant in this occupation __ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. HER 13, NAME FATI See ain 1 14. BIRTHPLACE (city or town) (State or country) efully Whet test confirmed diagnosis?_____ Was there en au'opsy?_ d OTHER important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town (State or country) pe Where did injury occur?____ EA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, plnous Q very (Address) OF 18. BURIAL, CREMATION Manner of Injury 50 WRITE AUSE mation NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

(LY, W

	CERTIFICATE OF DEATH
Village or City In Derich	Registration Dist. No. 13/ No. 24 East 3 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Of the Court of th	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 77. AGE Years Months Days If LESS than	t last saw have on the date stated above, at last last saw m.
13 11 10 Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Hade, Profession, of Particular Research Rese	Collemany Starra gulle.
SAW MILL, BANK, etc	The bain termen was tenign. Its facation:
12. BIRTHPLACE (city or town lear the leasent (State or country))	Other Contributory Causes of importance:
13. NAME Chos. M Dordo 14. BIRTHPLACE (city or town) Llgs Barnesullo	Junor ouse of trans
14. BIRTHPLACE (city or town) 2 Car Mes 17 (State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME JOSIO MASSEN 16. BIRTHPLACE (city or town) Savoh Styrum	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) Stederich Co. 17. INFORMANT Charles M Durde (Address THE 3rd A	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cle 1902 mt Lilf Ometer partifell 3., 1935	Manner of injury
19. UNDERTAKER CE CLUB COMPACTION (Address) & Part of Tradic (Made	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 23 - apr., 19 35. Dra ha Crashy Registrar.	(Signed) Bloom M. D. (Address) Day Struck
If more blanks are needed, address State Registrar, 2	1422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroentcritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago
		1031	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	FURTHER STA		

RITE PLAINLY, WINT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Y. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
A PERMANENT	ated EXACTLY	operly classified.	tificate.
THIS IS	ild be st	ay be pr	ick of cer
G INK-	GE shou	that it m	ns on ba
UNFADIN	supplied. A	n terms, so t	ee instructio
WIL	efully	in plai	ant. S
PLAINLY,	hould be car	OF DEATH	ON is very important. See instructions on back of certificate.
RITE	tion s	USE	Si NO

	STATE O	F MAR'	YLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEA				<u> </u>	
	rederick			Registration Dist. No.	
-Villege er Citynea	r, Mt. Air	y.,		No. St., Ward	
Length of residence in o	city or town where dea	ath occurred	yrs1mos	death occurred in a hospital or institution, give its NAME instead of street and number) 18 ds How long in U.S. If of foreign birth?	
2. FULL NAME	Etta Pe	arl Es	worthy		
(a) Residence: No.	nea	(Usual place		St., Ward. If nonresident give city or lown and State	
PERSONAL AN	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	White	OR DIVORCED	RIED, WIDOWED. O (write the word) OS Le	21. DATE OF DEATH April, 19, 193 5 (Month) (Oay) (Year)	
5a. If married, widowed, or div HUSBANO of (or) WIFE of	orced	. 200		22. I HEREBY CERTIFY, That I attended deceased from	
C DATE OF BIRTH (month of				1 last raw h earlive on apr 18 1934 death is said	
6. DATE OF BIRTH (month, da 7. AGE Years	Months	0ays	If LESS than	to have occurred on the date stated above, 7:308.e.m.	
	1	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were set follows:	
8. Trade, profession, or p kind of work dona SAWYER, BOOKKE 9. Industry or business i work was done, as	particular , as SPINNER, EPER, etc	none		Whooping Cough Hays	
9 Industry or business i work was done, as SAW MILL, BANK,	in which				
O 10, Date deceased last we this occupation (my year)	onth and	11. Total ti spen occu	me (years) it in this pation		
12. BIRTHPLACE (city or town	Freder	rick Co	•	Other Contributory Causes of importance:	
(State or country)	Mary	land			
13. NAME W1:	lliam B.H	Esworth	У		
13. NAME W1.		erick C	0,	Name of operation Home Judge Date of Date of What test confirmed diagnosis Plans is a full was there an entoney?	
₩ 15. MAIOEN NAME	Helen I	E.Horto	n	What test confirmed diagnosis! Mysical This was there an autopsy? He 23. If death was due to external causes (VIOL ENCRY fill in also the following:	
15. MAIOEN NAME 16. BIRTHPLACE (city or to state or country)	own) Fred	erick C	0.	Accident, suicide, or homicide? Date of injury, 19	
	lliam B.H	Esworth	у,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR		ry, mu.		N	
PlacProspec		Date Apri	1,21,1935	Manner of injury	
19. UNDERTAKER	6.m. 7/4	eltz.		24. Was disease or injury in any way related to occupation of deceased?	
(Address)	Winfield	B. Ma.	elecent!	(Signed) M. Van toole M. D.	
EV. 11660	. 20	4-4-4-y1-4-M	Registrar.	(Address) yout any min	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN
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1. PLACE OF DE item of pluods Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? mos. PHYSICIAN If nonresident give city or town and State (Usual place of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of TIFY. That t attended deceased from 22. (or) WIFE of PERMA 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months proper stated 1 day... The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset Trade, profession, or particular kind of work done, as SPINNER, 0 SAWYER, BOOKKEEPER, etc. OCCUPAT may back 9.-Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc 11. Total time (years)
spent in this
occupation 10. Date deceased last worked at no this occupation (month and that instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER **13. NAME** 14. BIRTHPLACE (city or town) (State or country) efully MOTHER 15. MAIDEN NAME 23. If death was due to externat causes (VIOL ENCE) fill In also the following: important Accident, suicide, or homicide? Date of injury..... 16. BIRTHPLACE (city or town DEATH (State or country Where did injury occur?. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should OF Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or way related to occupation of deceased? (Addtess) If so, specify 20. FILED. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

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The state of the s	2		
Other contributory causes of importance.	30	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
10			

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

73	0	σ.	6	0	1
-21		3	8.0	1	J

1. PLA	CE OF DEA	TH				
Cou	into trud	erus			Registration Dist. No.	40
	age or City	iberty to			NoSt.,St., death occurred in a hospital or institution, give its NAME instead of street and	
Leng	gth of residence in o	city or town where d	, C	1	Ods. How long in U.S. If of foreign birth?yrs	mosds.
2. FUL	L NAME	1 along) Cy	Cen-1		
(a)	Residence: No	<i>V</i>	(Usual place	of abode)	St., Ward. If nonresident give city or town as	nd State
PE	RSONAL AL	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	lu '	OR OR RACE	OR DIVORCE	RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH Unitures Cyn (Month) (Day)	(Year)
HUSBA	ed, widowed, or div ANO of IFE of	worced w		O	22. I HEREBY CERTIFY, That I attende	
6 DATE OF	RIRTH (month de	ay, and year) Of	3n-10h	35	1 last saw h	
6. DATE OF	Years	Months	Days	If LESS than 1 day,Ohrs.	to have occurred on the date stated above, at	
8. Tre	de, profession, or p kind of work dona SAWYER, BOOKKE	particular , as SPINNER, EPER, etc.	none)	Helb birth - 3 mos	Date of onset
A D a lug	ustry or business i work was done, as SAW MILL, BANK,	in which SILK MILL, etc			Cause death unknown	
0	this occupation (myear)		spa	time (years) ent in this upation		
	LACE (city or town ite or country)	, md			Other Coutributory Causes of importance:	
02 13. NA	ME Mil	land	. Eylan			
000	THPLACE (city or 1	town) In	ds		Name of operation Date of	
	(State or country)	1 0	- , - , - , - , - , - , - , - , - , - ,		What test confirmed diagnosis? Was there are	n autopsy?
15. MA	IOEN NAME	tilda	Dolla	-L	23. If death wes due to external causes (VIOLENCE) fill in also the following	ng:
	THPLACE (city or t	town) 72	d		Accident, suicide, or homicide? Oate of injury	, 19
2	(State or country)	1 , P	a 1		Where did injury occur? (Specify city or town, county and St	tate)
17. tNFORM	dress)	Hoodsbo	roller		Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC F	LACE.
Plac	cremation, or	REMOVAL NOTO	Date apr	81h, 1935	Manner of InjuryNature of injury	
19. UNOERT	AKER Soundiess)	vill + a	bauge	w.l.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED	Jr. 8.	19.25		Registrar.	(Signed) Librily Foron	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN
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	item of infor-	should state	of OCCUPA.		
•	RECORD, Every	PHYSICIANS	Exact statement		
BINDING	PERMANENT	EXACTLY.	ly classified. I	ate.	(
FOR	V SI	stated	proper	certifica	
MARGIN RESERVED FOR BINDING	WhITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	matton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
(0.1	WHITE PLAIN	matton should be	CAUSE OF DEA	TION is very im	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 138
Village or City Cearl	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds
2. FULL NAME Miss Eunaheth a	To the state of th
O Con	Oh Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Capacilo 10, 1935, to Capacilo 1935
6. DATE OF BIRTH (month, day, and year) Feb. 13, 1843	I last saw h elive on fine 19, 193 ; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 4m.
92 #2 #6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	and a local control of the loc
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased fast worked at this occupation (month and	deft tourfletigea Tdago
work was done, as SILK MILL, SAW MILL, BANK, etc.	Trimary Cause & Carolinal hemorrhage.
O 10. Date deceased fast worked at this occupation (month and spant in this occupation occupation	Supple R.
12. BIRTHPLACE (city or town) trederich	Other Contributory Causes of Importance:
(State or country) Many land	Artino Schroeno 1930
14. BIRTHPLACE (city or town) Inglewife Com	
(State or country)	Name of operation
- James	What test confirmed diagnosis? Was there an autopsy
16. BIRTHPLACE (city or town) Frederich	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Miss Ella Font	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kempton	•••••
18. BURIAL, CREMATION, OR REMOVAL Place INT. Olivet Date \$1/22, 1935	Manner of injury
19. UNDERTAKER Heavy E. Carty Co	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 20, 1935 Lycian K. Falconer	(Signed) DDD M.D.
Registrar.	(Address) traderal and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltishore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	> × b	July 5,1927	Peritonitis	3 days ago	
	B 8 8				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones	13 81	May 1,1923	Gastroenteritis	1 year	
	- del				

STATE O	MARYL	AND-CERTIF	ICATE	OF !	DEATH
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I. PLACE OF DEATH			(178)		. 01
County Frederick		MA TON CUI MU	wee terresper	Registration Dist. No	131
Village or City Frederick			No. E. Church S		t.,Ward
Length of residence in city or town where	death occurred				
2. FULL NAME Howard Jos (a) Residence: No. # 7 E. Sev			St., Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married		21. DATE OF DEATH	April 2' nd., (Month) (Day)	5 , 193 (Yeer)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude A. B.	yrne		22. HEREB	Y CERTIFY, That lett	ended deceased from
6. DATE OF BIRTH (month, day, and year) Ma	y 5, 1884		I last saw h_im alive on	april & P, 19	35; death is said
7. AGE Years Months 50 11	Days 17	If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:	ed above, at	e Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, AWYER, BDOKKEPPER, etc	Refining ./35 11. Total time spent occur.	Co.,	Carbon Men Susceeding Other Contributory Causes of imp	ortance:	22-061.5
13. NAME John C. French 14. BIRTHPLACE (city or town) Irel	a m a				
14. BIRTHPLACE (city or town)	Lection			Dat	2-
15. MAIDEN NAME Mary E. Rigney Phila. 16. BIRTHPLACE (city or town) (State or country) Mrs. H. J. French. 17. INFORMANT Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Plece Philadelphia, Pa. Date April 25, 19 35			23. If death was due to externel ca Accident, suicide, or homicide?. Where did injury occur Specify whether injury occurred	Date of injury Coloring Onto - Secretary city of town, county as in INDUSTRY, in HOME, or in PUBLISHED Secretary Coloring Color	office of the state of the stat
19. UNDERTAKER M. R. Etchison Frederick, Mc			If so, specify	way related to occupation of deceas	ed? No.
20. FILE 23 - april 1935. Drs	L. h.C.	Registrat.	(Signed) (Address)		M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	[.]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
gudeall V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RANRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1) (1)
County Drederick	Registration Dist. No. 15 7
Village or City State & anatorum	ATC MG St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horbital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME James J. Jr	ench,
(a) Residence: No. Point of Rock, F	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH OXCILLO, 193 5 (Month) (Day) (Year)
Ethel V. crench	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 17, 1879	I last saw h am alive on Offile 10 , 1935; death is said
7. AGE Years Months Days It LESS than 1 day,hrs.	to have occurred on the date stated above, at
35 5 2 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Date of onset
Rind of work done, as SPINNER, ruck Foremen	0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (menth chair this conceasing	Tulmonary uberculoses July
11. Total time (years) spent in this occupation (month and year)	173.4
12. BIRTHPLACE (city or town) / wayland (State or country)	Other Contributory Causes ot importanca:
# 13. NAME Charles French	
13. NAME Warles or reach 14. BIRTHPLACE (city or town)	Name of operation Date of Date of Was there an autopsy? No
# 15. MAIDEN NAME Virginia Haines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Diramia Hames 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT James J. French (Address) Point of Rocks, md,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place out of Ruck nd.	Manner of injury
19. UNDERTAKER C. E. Cline (Address) Frederick	24. Was disease or injury in any way related to occupation of deceased?
20. FILED A. S. S. S. S. Registrar.	(Signed) Lewar D. Shoffer M. D. (Address) State Sunatorum M.
If more blanks are needed, address State Registrar, a	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. should Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. PHYSICIANS Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. If nonresident give eity or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 3. SEX OR DIVORCED (write the word) (Month) (Oay) assified. 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate If LESS than 7. AGE Years Month Oays properl 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. were as follows Date of enset Trade, profession, or particular HIS kind of work done, as SPINNER, pe Jo 0 SAWYER, BOOKKEEPER, etc ... Industry or business in which pluods may back PA work was done, as SILK MIL SAW MILL, BANK, etc., Total time (years)
spent in this 10. Date deceased last worked at On this occupation (month and that 团 occupation ... instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?___ efully p MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_____ pe DEA. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOV Manner of injury WRITE AUSE mation Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 52 (Address) (Manus Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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County Freder	ick		Registration Dist. No.
-Village-or City_near., M			No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 1. 1. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Do (a) Residence: No.	rothy Jean near Mt.		St., Ward.
PERSONAL AND STA			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC Female White	S. SINGLE, MARK	tied, WIDOWED, (write the word)	21. DATE OF DEATH April, 17, 1935.
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased from 1935 to 17 1935
6. DATE OF BIRTH (month, day, and year)	1933-2-6		t last saw h_AA_ alive on Off for 15 , 19.33; death is said
7. AGE Years Mont	ths Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, 6: 152 .m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none 9. Industry or business in which work was done, as StLK MILL,			Alranopelation following Spanning die Conafina Spil
10. Oate deceased last worked at this occupation (month end year)		me (years) tin this pation	with was fung tought,
	rederick Co		Other Contributory Causes of importance:
	A. Gardner		T
■ < 14. DIKINFLACE (CITY OF TOWN)	rederick Co Maryland	•	Name of operation Money Date of Date of What test confirmed diagnosis? The Cast Fundament there an autopsy
	a Norris		23. II death was due to external causes (VIOL ENCE) fill in also the following:
O 1 10. DIRITH ENOL (City of town)	rederick Clarvland	0.	Accident, suicide, or homicide?Oate of injury, 19
Frank A. Gardner Address R. F. D Mt. Airy Md.			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacProspect Cem		,19.,.,19.35	Manner of Injury
19. UNOERTAKER 6. M. Tralty. (Addiess) Winfield Md.			24. Was disease or injury in eny wey related to occupation of deceased? 200
20. FILED apr 19, 1935	arolley R 2	Schemort	(Signed) Com. Van Voole M.D. (Address) Mit aim mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Property of the second	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH	100
1. PLACE OF DEATH	131	100
county Frederick	Registration Dist. No. 13	3/
Village or City Elmergersey Haspila	I and moutenue St.	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME albert Orsen		
(a) Residence: No. Liberty turke. Mrs	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR OLYORCED (write the word) That	21. DATE OF DEATH (Month) (Day)	, 193. 5 (Yeer)
5a. If merried, widowed, or divorced HUSBAND ot (or) HIFE of Mary Trees	22. I HEREBY CERTIFY, That I attended of	leceased from
6. DATE OF BIRTH (month, day, end year) Files. 22.1859	I last saw han alive on april 6 , 1935	; deeth is seld
7. AGE Yeers Months Days It LESS than 1 day,	to have occurred on the date stated above, et L. Cassm.	
76 / 25 ormin.	The PRINCIPAL CAUSE OF OEATII end related ceuses of importance were es follows:	Date of onset
Frade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	urenca	41210
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) — M.d.	parendy anono pepleritio	4wl 3-3
13. NAME Wernis Green		
13. NAME Verris Green 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an ac	u'opsy Pro_
15. MAIDEN NAME College Hurrisone 16. BIRTHPLACE (city or town)	23. It death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury	, 19
17. INFORMANT Mrs. M. Sleifer of Supt.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Manual Grederick The	Manage of Jaluan	
Place Lil M. torre Date Child 2/, 1934	Manner of Injury	
19. UNDERTAKER Paratide to Sylvania		20
20. FILED april 17, 1935 Pro & McCyrily	(Signed) BUThornas	M. D.
Registrar.	(Address) traderick but	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

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SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 to 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
infor- state UPA-	1. PLACE OF DEATH	200	
	County Frederick	Registration Dist. No. 144	
item of should of OCC	Village or City hear Thursmout	death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
	Length of residence in city or town where death occurred 68 yrs. 10 mos.	2.7 ds. How long in U.S. if of foreign birth?yrsmos	_ ds.
Every CIANS	2. FULL NAME Showon Elsworth	Grimes/	
D. 1 SIC tate	(a) Residence: No. Irean Thurand	St., Ward.	
PHY S	(Usual place of abode)	If nonresident give city or town and State	
P P	PERSONAL AND STATISTICAL PARTICULARS 3. SEX , 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
NT R. E. E.	3. SEX 4. COLOR OB RACE OR DIVORCED (prite the word) While Wassed	21. DATE OF DEATH (Month) (Day) (Year	r)
CTCT	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 200	22. I HEREBY CERTIFY, That I attended deceased	from
X A X A class	(or) Maggie Renner Grimes	100 28 19 34, 10 Opril 14 193	5 3
E E ate.	6. DATE OF BIRTH (month, day, and year) May 24/ 1866	I last saw h. Due alive on 17, 1933; death is	salo
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at ##	
IS IS sta	8. Trade, profession, or particular	were as follows:	nset
HIS pe pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Exxaution Tallowna	
ould may back	Industry or business in which	poralytic starke - Contoral	
-1 320	work was done, as SILK MILL, SAW MILL, BANK, etc. 21. Total time (years)	Thereon have nov.	28
G INI AGE SI That it ons on	this occupation (month and 1234 spant in this year) spant in this	<u> </u>	
- Y .=	12. BIRTHPLACE (city or town) Therewood	Other Contributory Causes of Importance:	
ADE d. s, se ructi	(State or country)' Maryland		
NF. NF. plie prim inst	13. NAME Otha Friend		
U U sup	14. BIRTHPLACE (city or town)	Name of operation	
ully plain	(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
INLY, We be carefu EATH in important.	I 15. MAIDEN NAME Sarah J. Jackrist	23. It death was due to external causes (VIOLENCE) fill in also the following:	
Cal Cal TH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
ATNLY, ld be can DEATH y import	2. 100 10 ° 0 ° 6	Where did injury occur? (Specify city or town, county and State)	
PAN	17. INFORMANT MID III GGL A Drumba	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.	
P 3 F0	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
	Place Macrossoch Date May 23, 1935	Nature of injury	
-WRITE mation s CAUSE TION is	19. UNDERTAKER / Fell Suda 3/ Pringer	24. Was disease or injury in any way related to occupation of deceased? ho	
P ()	11 122 26)	(Signed) Aue Way	M D
Ji V	20. FILED. MANN VA . Porlar. Registrar.	(Address) Thursbeat Ond.	171, U
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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75	item	shor	of 0
	Every	CIANS	Exact statement of OCCUP
	RD.	YSI	stat
	RECO	. PH	Exact
ID FOR BINDING	HS IS A PERMANENT RECORD. Every item of infi	be stated EXACTLY. PHYSICIANS should sta	be properly classified.
BII	PER	9	ly c
FOR	IS A	stated	be properly
Q	IIS	pe	be

r e :	N	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP	1	1. PLACE OF DEATH .	(56)
CC		county Frederick Minus in co	Registration Dist. No. 131
should f OCC		Village or City of redenely	No. 13 & W. Celievel St., War
t o		Length of residence In city or town-where death occurred 5 yrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? yrs. mos. d
IAN	1	2. FULL NAME Mellie ann, Ha	han
SIC		(a) Residence: No. 132 West Church	St., Ward.
HY	MESS	(Usual place of abode)	If nonresident give city or town and State
Exact	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 7 . C		SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fled	5a	I. If married, widowed, or divorced HUSBAND of	
A ((or) WIFE of	22. HEREBY CERTIFY, That I attended deceased tro
E X cl	6.	DATE OF BIRTH (month, day, end year) Dec. 29, 1929	I last saw h & elive on Aud (3d 1934; death is sa
erly icat	1	AGE Years Months Days II LESS than	to have occurred on the date states above, at 26 _m.
stated E properly certificate		5 6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related pauses of importance were est follows:
be s be p of ce	NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Author Ammin Mont
may back	PAT	work was done, as SILK MILL.	Ocute rhaumatic art mitig (multiple). (2)
	Con	SAW MILL, BANK, etc	90
1 m + 0	0	this occupation (month and spent in this year)	Market Many
	1.2	BIRTHPLACE (city or town) Frederick	Dither Coutributory Causes of Importance:
d. d. s, so	1 2	(State or country) many land	19.30
upplied terms, e instru	HER	13. NAME Slephen Hahn	
5 th to	FATE	14. BIRTHPLACE (city or town) Frederich	Name of operation
l la	-	(diete of county)	What test confirmed diagnosis?
be carefull EATH in p	HER	15. MAIDEN NAME Mellie Gersinger	23. Il death was due to external causes (VIOLENCE) fill In also the following:
car TH FOR	MOT	16. BIRTHPLACE (city or town) Walkerserself (State or country) Mad-	Accident, suicide, or homicide?
d be cal		5/16/2 7/- 1	Where did injury occur? (Specify city or town, county and State)
	17	(Address) 132 W Celegraph	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
7 10	18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
on son s	-	Place Mf. Clinef Date 4/6 ,1935	Neture of injury
mation s CAUSE TION is	19	UNDERTAKER Heins E. Cante Ceo	24. Was disease or injury in any way related to occupation of deceased?
i C I	-	(Address) Fredlerick Ind.	Il so, specily Strank & seath
10	20	FILED 6 Exil 1035. Dra ha Candy.	(Signed) M.
(Γ)		Registrar.	(Address) FULL MANGO JAN
		If more viantes are necuca, daaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ATICTIOSCICTOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEOMENII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. I

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Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DE

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(1)	D	0	7	9
. 13	4	T	-	۲

	County Frede: Village or City				No. Klinehearts Alley bet. 3rd \$t. 4	th StWard
	Length of residence in cit	ty or town where de	ath occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2	FULL NAME					
	(a) Residence: No.			ts Street	St., Ward.	
	(a) Residence. Ho		(Usual place o		If nonresident give city or town an	d State
	PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI		r or race	s. SINGLE, MARR OR DIVORCED Bingl	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. That I attended	dot used from
6. D	OATE OF BIRTH (month, day	and year)	Senterhe	r '12.1915	Host som h im slive on found blive of	; death Is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 11:00 mP. N.	
	19	7	2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oats of onset
CCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	as SPINNER, PER, etc which SILK MILL, At	Home		Gulmonary Almas Logo	14-afril 3
12. 1	10. Date deceased last wor this occupation (mor year) BIRTHPLACE (city or town). (State or country)	Frederi Naryl	ck, Co.	t in this	Other Contributory Causes of importance: Self Ingles . Gun Shart.	
HER	13. NAME	driar all				
FAT	14. BIRTHPLACE (city or to (State or country)	wn)	nd		Name of operation Date of	
2	15. MAIDEN NAME	-			What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Fiming Weedon 16. BIRTHPLACE (city or town) (State or country) Maryland					23. If death was due to external cayses (VIOLENCE) fill in also the following Aceid to suicide, or homeone? Succeeded Date of injury Where did injury occur? Succeeded to the control of t	1935
	(Address) 190			Fred.\d.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ale) LACE.
18, 8	BURIAL, CREMATION, OR R	ew Cem.	_Date4/17_	/3519	Manner of injury Dullet and Interpreted in Mature of injury Bullet and an Expert and	11-4
19. 1	(Address) Fred	tchison & lerick, Md.	Son		24. Was disease or injury In any way related to occupation of deceased? If so, specify	20
20. I	FILED 7 - april 1	1935. The	J. In-	Ceuleys Registrar.	(Signed) U. J. Bourns) (Address) Fulsverts will	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	X173
1. PLACE OF	DEATH				
County	uderil			Registration Dist. No.	131
Village or City	gellow	8 prins		ND	Ward
Length of residen	ce in city or town where	death occurred	O vrs O mos	death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
2. FULL NAME	201		un Per.		
(a) Residence:	000	Care	7	Res la There > 1	
(a) Residence.	no. June	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	H
3. SEX 4.	COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 S
5a. If married, widowed, HUSBAND of	or divorced			20 14152524 2523	
(or) WIFE of C				22. CHEREBY CERTIFY, That i atten	ded deceased from
6. DATE OF BIRTH (mor	th day and year)	1-12-	35	Hast saw him silve on ? april 19	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1/ A. m.	, death is said
0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 8. Trade, profession	o, or particular	2		Sterrquealizo in	Date of enset
SAWYER, BO	done, as SPINNER, OKKEEPER, etc			4 tero	10 apr.
9. Industry or busi	ne, as SILK MILL.			- Parties of the same of the s	
Date deceased la	st worked at	11. Total t	time (years)	Toller Tresentalis	1
o this occupation year)	on (month and	spa	nt in this upation		
12. BIRTHPLACE (city or	, , , , , , , , , , , , , , , , , , , ,	V Spen	~ Ep	Other Coutributory Causes of importance:	
(State or country)	1 30	d:			
13. NAME AC-	Hann	mix			
14. BIRTHPLACE (cit		ingks		Name of operation	of
(State of Cou	ntry)	~	0	What test confirmed diagnosis? Was there	an autopsy? Mu.
15. MAIDEN NAME 16. BIRTHPLACE (cit	famore	- Vtus	ery	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
O 16. BIRTHPLACE (cit		lags of	set go	Accident, suicide, or homicide? Date of injury	, 19
\$	1.	CI		Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT (Address)	mare.	dun	K	Specify whether injury occurred in INDÚSTRY, In HDME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION	DR REMOVAL	6	. /	Manner of injury	
Place 1341	MR HELL (Whate Ope	117,1985	Nature of injury	
19. UNDERTAKER(Address)	1.12. Ctc	history	y Sou	24. Was disease or injury In any way related to occupation of deceased? If so, specify	No.
20. FILED! 7- ap.	L:, 1925. Qu	5 m.40	Refistrar.	(Signed) 9' Baunt Jo (Address) Assault	M. D.
	16	Blanks are model	. 11	N. O. I. C. D. I.	

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Example I	1	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	JRTHER STATEMEN	ITS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT item of should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurrent statement How long in U.S. if of foreign birth? PHYSICIAN (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) assified. 5a. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Days Years Months If LESS than stated 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance 60 or min. were es follows: Date of onset Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... be Jo may back industry or business in which should OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc Date deceased last worked at II. Total time (years) spent in this this occupation (month and AGE that occupation (2) instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State er country) terms, HER 13. NAME FAT See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) efully What test confirmed diagnosis? Was there an autopsy?_____ MOTHER 15. MAIDEN NAME important in 16. BIRTHPLACE (city or town) ovoslos (State or country) Where did injury occur? 4 DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL SE mation 24. Was disease or Injury in any way related to occupation of deceased? (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915		
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
lį	y 5,1927	Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

of				
OD		4		
UES	6		6)

1. PLACE OF DEATH			
County	,		Registration Dist. No. 144
Village or City			No. St., Ward
Length of residence in city or town where	deeth occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) 3. 7 ds. How long in U.S. if of foreign birth?
2. FULL NAME Jessie	Eruce	hesser	
(a) Residence: No.	(Usual place o	f abode)	St., Ward, If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH 8tl. (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	ie	15.16	22. I HEREBY CERTIFY. That I atlended deceased from
6. DATE OF BIRTH (month, day, and year)	ept. Ist	I 1009	I last saw her alive on afril 8", 1935; death is said
7. AGE Years Months	Deys 7	If LESS than I day,hrs. ormin,	to have occurred on the date stated ebove, at #
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Own home		Vulmonay Tubralons 3/1918
12. BIRTHPLACE (city or town) Grace	enam .d		Other Cantributory Causes of importence:
E 13. NAME GEORGE J. CO	b nesser	•	
(State or country)	agerstor	n Ma	Name of operation Date of Was there an autopsy 21
15. MAIDEN NAME LIZA D.			23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
State or country)	itstur	<u> </u>	Accident, suicide, or homicide?
17, INFORMANT GINCETIEM (Address)	liesser		(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place D.A. A.C. S. D.A.M.A.		1 10,19 35	Manner of injury
19. UNDERTAKER Price 19. (Address)	-	n D	24. Was disease or injury in any way related to occupation of deceased? WO
20. FILED April 9 , 1935 ar	ma M.	Registrar.	(Signed) Morris a. Beng M.D. (Address) Thurman M.D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

	ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH	76
	stat UPA	1. PLACE OF DEATH	93-0	- 1
M)	P 5	county Trederick " was	Registration Dist. No. 3 /	20
	should of OCC	Village or City Trederick	No. No. Call Call Of State de death, occurred in a hospital or institution, give its NAME instead of street and num	Ward
	A ZS	Length of residence In city or town where death occurredyrsmos.		ds.
	D. Every SICIANS tatement	2. FULL NAME Ella Carnelia Ho	lderaft	
	D. SIC	(a) Residence: No. 338 E. 3 20 51	St., Ward.	
	PHY st	(Usual place of abode)	If nonresident give city or town and Sta	ile
	F P P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
rk		Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / (Month) (Oay)	93 J (Year)
BINDING	A C T Jassified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jalen Henry Holderaft	22. I HEREBY CERTIFY. That Lattended dec	eased from
Z	RM X z	2 1/ 19/9	april o 1955 office 18 1	, 19.5
B	PE E ly ate.	6. DATE OF BIRTH (month, day, and year) Nov. 4 1863 7. AGE Years Months Days If LESS than	I last saw her alive on the date stated above, at 7 %.m.	death is said
OR	IS A PE stated E properly certificate	7/ 5 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
FO		8 Trade profession or particular	were as follows:	ate of onset
Q	IIS be be of	kind of work done, as SPINNER,	Peritorilia	4-6-3
VED	culd may back	9. Industry or business in which	Cerebral hourshager &	1-5-3.
ER		SAW MILL, BANK, atc	shural emboli 4	1-5-3.
RESER	6 t 10 H	this occupation (month and 5 - open 1 3.5 spent in this occupation		
24	NFADING INPlied. AGE erms, so that instructions o	I. O . /	Other Contributory Causes of importance:	
Z	I. So so ucti	12. BIRTHPLACE (city or town) Many land (State or country) Many land	alisane Marioranditi	Les us
ARGIN	UNFA ipplied terms, instru	13. NAME John Casper merkling	cucina or for and	for for
IA	un di	14. BIRTHPLACE (city or town) Rulsuan (State or country)	Name of operation Oate of	
1	TTH U	(State or country) Germany	What test confirmed diagnosis? Was there an auto	opsy? No
	WITH refully in pla ant.	15. MATOEN NAME Margerett nichols	23. If death was due to external causes (VIOLENCE) fitl in also the following:	
		15. MATOEN NAME Margerett Richals 16. BIRTHPLACE (city or town) Muhamman (State or country)	Accident, suicide, or homicide? Date of injury	_, 19
	AINLY, d be car DEATH y import	S (Stata or country) M. S.A.	Where did injury occur? (Specify city or town, county and State)	
	ABON	17. INFORMANT John Henry Halderaft (Address) 238 £ 3 £ 5	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
	17 40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	T u S	Place Mt. Oliver Date 4/13 1935	Nature of injury.	
à	WRIT mation CAUSI TION	19. UNDERTAKER Hain & Cail Co	24. Was disease or injury in any way related to occupation of deceased?	10
(7)mi	13-0/ 21 A Marie	(Signed) All 1. Frank for	le M. D
A	z (T)	20. FILEO 1) 4 19 X 19	(Address) - Address	Hed.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cørebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	County Frederick V	Registration Dist. No. 13
sh of		No. Emergency Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS oct statement		ds How long in U.S. If of foreign birth? yrsmos ds.
ICI. E	2. FULL NAME Mrs. Annie Hunt	to a land of the land
HYSI t stat	(a) Residence: No. 20 (Usual place of abode)	If nonresident give city or town and State
RECE PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANENT EXACTLY y-classified. te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hunt	27 HEREBY CERTIFY, That I attended deceased from
BINI PERM. EXA EXA ate.	11 10 1875	I last saw h A alive on A CA A 1935; death is said
R A F ted	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at
T/A	9 Trade profession or particular	were as follows:
RESERVED G INK—THIS GE should be that it may be ons on back of	SAWYER, BOOKKEEPER, etcDOUS EWILE	Chilinal Humanays 2/25/
ERVE VK—T] should it may it back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home	0 / / 3
INK sh	10. Date deceased last worked at this occupation (month and	
REN NG I AGE that	year) 1/35 occupation 30	Other Contributory Causes of importance:
DIN So retic	12. BIRTHPLACE (city or town) Maryland (State or country)	
UNFA UNFA supplied n terms, ee instru	13. NAME William Henry Plater	
A D H P	14. BIRTHPLACE (city or town)	Name of operation Date of
4 2 3	(Gata Goully) Marviano	What test confirmed diagnosis?
W refu	T 15. MAIDEN NAME MARY RODINSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (eity or town)	Accident, suicide, or homicide?
ABDY	17. INFORMANT George Hunt. (Address) Frederick, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Fairview Cem. Date 4/7/35 ,19	Nature of injury
Mation s CAUSE TION is	19. UNDERTAKER M.R. Etchison & Son (Address) Frederick, Maryland	24. Was disease or injury in any way related to occupation of deceased?
13 (20. FILED 5- april., 19 35. Drs n. Carly - Registrar.	(Signed) W. L. Saunt A. M. O. (Address) S. V. Saunt A.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 7 wells

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Gallstones	Moy 1,1923	Gostroenteritis	1 year

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

of OCCUPA.

Exact statement

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	Ele.		П
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	4		
	4		

1. PLACE OF DEATH	(152)
County I'mederick WITHIN SOFTERA	Registration Dist. No. 132.
Village or City Trederick freder	icko. City Hospital St., Ward
	If death occurred in a Herpital or institution, give its NAME instead of street and number) 5. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(I) -11 11.	s. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME You Elmer Time	The state of the s
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wele white OR DIVORCED (write the word)	apr 12, 193 5
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)' (Year)
CONTINUEDY Elsiellinens	22. HEREBY CERTIFY, That I attended deceased from
D 1 - 2011	1935, to 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
20 (7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Depticaquia Streptocarci)?
9. Industry or business in which work was done as SILK MILL.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year) 1. Total time (years) spant in this occupation.	
1/-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	10000 + 2000 + 4
I 13. NAME Elanes Kinera.	- Chillis VI Juga & ceg
Ξ	Name of operation Mc Mins & Drawel Date of Carry 11
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Culture Was there an dulopsy? 200
15. MAIDEN NAME Brise Shepley	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
S (State or country)	Where did injury occur?
17. INFORMANT Elsiellize	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mid Hetown. Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I I I I I I I I I I I I I I I I I I I	Nature of injury.
19. UNDERTAKER GIA dhallo	24. Was discese or injury in any way related to occupation of deceased?
(Address) Cliddle town, Mil.	If so, specify
20. FILEDCLEPTE 14, 1933 Trayson Sanner	(Signed) (Address) M. D. Agazieli nad
Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUPPAU V C		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY. properly classified. E

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

20. FILED AT

(Address)

mation should be carefully supplied.

-WRITE PLAINLY,

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be

of OCCUPA.

Exact statement

UNFADING INK-THIS

AGE should

STATE 1. PLACE OF DEATH County	OF MARYLAND—	CERTIFICATE OF DEATH Registration Dist. No. 140
Village or City	Astron (1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	ere death occurred yrs mos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from 30, 1935, to June 30, 1935
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months		to have occurred on the date stated above, at 3-3-2 p.m.
8. Trade, profession, or particular kind of work done, as SPINNER,	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of opent
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Gremature 30 1935
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Kline	Other Court Set of Importance.
14. BIRTHPLACE (city or town)	rangland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (dty or town) (State or country) 17. INFORMANT	El Fogle E Fogle	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATAN, OR REMOVAL	Lavaro ma	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUREAU V A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE C	OF MAR	YLAND-	CERTIFICATE	OF DEATH	\$180
1. PLACE OF				6.0		1
County Fr	ederick		kinds the Cor	Borata Bines (At.E.	Registration Dist. No.	21
/ Village or Ci	1		reasumment and a	No Fast Patr	ick Street . St.	Ward
	·J			death occurred in a hospital or instit	lution, give its NAME instead of street an	d number)
Length of resid	dence in city or town where	deeth occurredQ_	yrsmos	ds How long in U.S. if	of foreign birth?yrs	.mos ds
2. FULL NAM		Ephriam K				
(a) Residence	ce: No. 508 East	t Patrick		St., Ward.	16	10
PERSON	AL AND STATIST	(Usual place		MEDICAL O	If nonresident give city or town a	
3, SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	DENTIFICATE OF BEATH	
Male	White		D (write the word)	ZII DATE OF DEATH	April 23,	193 5
5a. If married, widowe		1 3/2/22 2.	<u> </u>		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		R. Montg	omerv	22. I HEREB	Y CERTIFY, That I attend	ed deceased from
	2 000=200		3		, 192 v , to	
6. DATE OF BIRTH (month, day, and year)	March 12,	1.060	I last saw h_AM_ alive on		2; death is sale
7. AGE Year	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date sta		
75	1	11	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of importance	Date of onset
8. Trade, profes	sion, or particular ork done, as SPINNER,	T				
SAULTEN,	BOOKKEEPER, etc	Farmer		- 4dzonary	the state	year (
work was	done, as SILK MILL, L, BANK, etc.	Retired		Q		2
10 Tate decease this occup		11. Total ti	ime (years) nt in this 40			
1 3001/		(pation	Other Coutributory Causes of Im	portance:	
12. BIRTHPLACE (city		Maryland		7	***************************************	1930
1	John D. K			arleng- Sele	at de the	
E		TING		N		
4 14. BIRTHPLACE (State or	(city or town) country) Wary	l a nd			Dete of Was there a	
15. MAIDEN NAM					auses (VIOL ENCE) fill in also the follow	
H		0.2.2		The state of the s	Date of injury	
16. BIRTHPLACE	(city or town) Mary	land		Where did injury occur?		
					(Specify city or town, county and S in INDUSTRY, in HOME, or in PUBLIC	State)
	Mrs. Thomas K 508 East Patr		t.	- Openiy whether mjory occurred	th moothly in none, of the obelo	i Lnot.
18. BURIAL, CREMATI	ION, OR REMOVAL			Manner of injury		
PlaceMt.	. Olivet Cem.	Date4/2	5/35,19	Nature of injury		
10 UNDERTAYER	M.R. Etchison	& Son		24. Was diseese or injury in any	way related to occupation of deceased?	20
(Address)	Frederick Ma			If so, specify		
20. FILED 25-G	pril, 1935. 2	a th	Candy	(Signed)	to derate m	M. I

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Gallstones	May 1,1923	Gastroenteritis	1 year

	D. Every item of infor-	SICIANS should state	tatement of OCCUPA-	/
	I RECOR	Y-FEX	Exact si	
SINDING	ERMANEN	EXACTL	classified.	6.
FOR 1	IS A P	stated	properly	certificat
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IN is very important. See instructions on hack of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Frederick	Registration Dist. No. 134
Village or City wit. St. warys	No St Ward
by y (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	7 ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Joseph J. Tre	ite.
(a) Residence: No.	Q., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHEE at Warner Warner	22. HEREBY CERTIFY, That I attended deceased from
1 (1411 1847	1 last saw h in alive on a first 6 1935; death is said
6. DATE OF BIRTH (month, day, and yber) Dept 4 - 70 - 7 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 A
9 7 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF CEATH and related causes of importance
O Tormin.	were as follows:
R. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	monie Endveradito
Industry or business in which	Chronic arlenal Schrosio Thy
work was done, es SILK MILL, Shoemaker	702)
10. Oate deceased lest worked at this occupation (month and ////// Spant in this	
year) occupation (month and 7/1/2) Spantin this 60	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Near Lut St. Marys	Duigi Continuity Causes of Importance.
(State or country) u.d.	
13. NAME John Treits	
14. BIRTHPLACE (ch or town) Services	Name of operationOate of
(State of Country)	What test confirmed diagnosis? Suysulal was there an au'opsy? hu
# 15. MAIDEN NAME Maria Lower	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chrusany	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
≥ (State or country)	Where did injury occur?
17. INFORMANT Cellen J. Kneitz	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thermout with R. 3.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place but D. Mary rel Oate afor 10, 19 del	Nature of injury
19. UNDERTAKER U. J. Shuff fr. (Address) Emintaking med	24. Was disease or injury in any way related to occupation of deceased? WW
20. FILEO oful 9=, 19 35 711, 17, Shuff	(Signed) Morris & Sirily M. D. (Address) Thurmand - Mid M. D.
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Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	0. 1805	July 5,1927	Peritonitis	3 days ago
	AU V S			•
Other contributory causes of impo			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH item of should County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. YSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced I HEREBY CERTIFY. That I attended deceesed from (or) WIFE of - 19.24 to ask 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Months Days If LESS than to have occurred on the date steted above, at FOR 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or perticular HOLL RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may back should Industry or business in which PA work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHE 14. BIRTHPLACE (city or town) ___ plain (State or country) carefully What test confirmed diagnosis?. OTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide? ___. 16. BIRTHPLACE (city or town) (State or country) be Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

Date of onset

Wes there an au'opsy?.

	1- 1/2/-	الماتها	A COL	EL C	
-			-		
D		67.1	C 3.7		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	l l		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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If nonresident give city or town and State (Day) (Year) CERTIFY. That I attended deceased from Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____

Registrar

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
County Fudereale	Registration Dist. N
Village or City? Januarille Med. Rigg	Callage Savitarium
	If death occurred in a horpital or institution, give its NAME insteads. 1. A. ds. How long in U.S. if of toreign birth?
2. FULL NAME Lattie Jane Little	· · · · · · · · · · · · · · · · · · ·
	St. 2 Ward.
(Usual place of Goode)	St., Ward. If nonresident give cit;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH
tomale Mile Single	(Month) (D
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, The
(or) WIFE of Lugle	april 4 - , 1932 , 10 april
6. DATE OF BERTH (month, day, and year) 9 - 10 - 1888	I last saw her alive on when 13 -
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7, 32
48 6 5 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of im- were as tollows:
8. Frade, profession, or particular kind of work done, as SPINNER, Seamethers	- G
Industry or business in which	- Kurral Varalyses of the
Work was done, es SILK MILL, Orus making SAW MILL, BANK, etc.	J
10. Dato deceased last worked at this occupation (month and) 15 11. Total time (years) spent in this	
year) occupation	Dither Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Drewnouth - Cas	Chronic Valvular disease
(State or country)	The beach . pyclouefolia
13. NAME Harry Co. Lille	
14. BIRTHPLACE (city or town)	Name ot operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Lateral Data ot i
17. INFORMANT Mrs. R. a. Amall (Ricley)	(Specify city or town, c Specity whether injury occurred In INDUSTRY, in HDME, or
(Address) Gillisaleura Pa	
18. BURIAL, CREMATION, DR RENDVAL	Manner of injury
Place Demysling Da Date 1 1, 190 8	Nature of injury
19. UNDERTAKER HASABENDAY Son	24. Was disease or injury in any way related to occupation of
(Address) Sethy June Da.	If so, specify
20. FILED april 18 \$ 35 Lucials Kest alconer	(Signed) Though N. Stign
Registrar.	(Address)
2) more vianas are necuca, adaress State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Dist. No. /38 St., Ward E instead of street and number)

yrs..... mos. ds.

give city or town and State

Quem.

OF DEATH

Y, That I atlended deceased from fril 15 - 1935 5 - 19 3 4 ; death is said

ses of importance Date of onset · Jever

Dete of Tester Was there an au'opsy? The

Il in also the following:

Data of injury 2000, 19.....

town, county and State) ME, or in PUBLIC PLACE.

ation of deceased? ko

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
REPREALLY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	13 1	63.7	
	-	3	1
	1		

1. PLACE	OF DEATH		40-10-10-10-10-10-10-10-10-10-10-10-10-10	946)	
County	Frederick		Materia fre (Registration Dist. No.	31
	city Frederick			N#01 S. Market St., St.	Ward
		67.6		f death occurred in a hospital or institution, give its NAME instead of street an	d number)
			Syrsmos	s ds. How tong in U.S. If of foreign birth? 50 yrs	mosds.
2. FULL N	AME Samuel Ma	arino			
	lence: No. 401 S.	Market St	ce of abode)	St., Ward. If nonresident give city or town a	nd Stale
PERSO	NAL AND STATIS	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORO	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 2nd.,	5
male 5a. tf married, wid		married		(Month) (Day)	(Year)
HUSBAND of	f			22 I HEREBY CERTIFY, That Lattende	ed deceased from
(01) 11112 01	Lucy Leone			april 19 1935, 10, alfred 22	19.3T
6. DATE OF BIRT	H (month, day, and year)	Nov. 5, 18	369	I last saw h im alive on extra 22, 195	[; death is said
	Years Months	Days	If LESS than	to have occurred on the date stated above, at 2. Pm.	
	65 4	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	,
8. Trade, pro	ofession, or particular		, vi== 2 or - Hills	4)	Date of onset
SAWY	of work done, as SPINNER, ER, BOOKKEEPER, etc	Grocer		Coronary Varombosis	4-1-3
9. Industry of work SAW (or business in which was done, as SILK MILL.				
3 SAW I	MILL, BANK, etc				
- (1110 04	eased last worked at 4/1/	35 11. lotal	time (years) 32		
year)			ocupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE	(city or town Cefolu				
(State or c	3-	aly		arterioselerois	Synty
13. NAME P		rus			
	ACE (city or town)			Name of operation Date of	
1 (21916		aly		What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN 16. BIRTHPLA	NAME Rose Cull	OCT		23. If death was due to external causes (VtOLENCE) filt in also the follow	ing:
6 16. BIRTHPLA		Italy		Accident, suicide, or homicide? Date of injury	, 19
∑ (State	or country)	cary		Where did injury occur?	
	Mrs. Samuel Me Frederick. M			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	ATION, OR REMOVAL			Manner of injury	
Placest.	Johns Cem Fre	d Date Apr	11 4. ,1934	- Nature of Injury	
	M. R. Etchis			24. Was disease or injury in any way related to occupation of deceased?	no
19. UNDERTAKER (Address)	Frederick, h	d		If so, specify	. 00
		0	(0 1	(Signed) Ral. Frauds	eld MD
20. FILED 2 C	youl 1935. 2	n h	Registrar.	(Address) I redered	211 8
	V		Acegostrat.	1	

If more blanks are needed, address State Registed, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING
FOR
RESERVED
MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. of infor 1. PLACE OF DEATH plnods County Frenerick item Village or City Catoctin Jo (lf UNFADING INK-THIS IS A PERMANENT RECORD, Every PHYSICIANS Length of residence in city or town where death occurred. Exact statement 2. FULL NAME David Thomas ar in Catoctin Furnace. (a) Residence; No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) EXACTLY male Thite Viaowed classified. 5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Carson. certificate. 6. DATE OF BIRTH (month, day, and yaar) properly If LESS than 7. AGE Yaers Months Days stated 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, be be of SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.... back plnous it may d. Farm Laborer instructions on 10. Oate dacaasad last worked et this occupation (month and 11. Total time (years)
spent in this AGE so that occupation __ 12. BIRTHPLACE (city or town). (State or country) supplied. DEATH in plain terms, Lar bill. FATHER 13. NAME See toctin -- Furnace --14. BIRTHPLACE (city or town)_____ (State or country) should be carefully MOTHER very important. 15. MAIOEN NAME -WRITE PLAINLY. 16. BIRTHPLACE (city or town)_____ (State or country) 17. INFORMANT TE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL 00 CAUSE mation TION Greager 19. UNGERTAKER _ (Address)

	***	Registratio	on Dist. No	171
No.			St	Ward
death Occurred	l in a hospital or insti	tution, give its NA	ME instead of stree	t and number)
ds.	How long in U.S. If	of foreign birth?	yrs	mosds.
CA	W			
St.,	Ward.	If nonreside	at give city or tow	n and State
	MEDICAL O		TE OF DEAT	
21. DAT	E OF DEATH	100.	0,1	7
		Men	100	193 5
no.	277	(Month)	(Oay)	(Year)
22.	IHEREB	YCERTL	E-Y. That tratte	endad daceased from
2	reld	you of	rath	- 19
I last saw h	ain alive on	Die.	/// 10	3 4 death is sald
	urred on the date sta		0.1.7	LI JE , Geath is said
	IPAL CAUSE OF DEA		/ "	1
were as fol	lows:	Ain and larated ca	uses of importance	Oate of onset
Choq.	ussin 20	Englysis	est ortin	
de	nome	_/	0	74/34
Other Contr	ributory Causes of im-	nortanea:		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Chi	our OS	in torke	Lake "	/
-	Medica			1724
		And the California		
Name of op		h. ere	1	of
	onfirmad diagnosis?			a an au'opsy?
23. If daeth v	ves dua to extarnel ca	auses (VIOL ENCE)	fill in also the fol	lowing:
Accidant, su	icida, or homicide?		_ Oate of Injury	, 19
Whera did i	njury occur?			
Specify who	ther injury occurred	(Specify city in INOUSTRY, in	or lown, county an	d State)
				TENOL.
Manner of i	njury			
Netura of in	ijury			
24. Was disa	ese or injury in any	wey ralatad to occ	upation of dacaasa	d? 120
If so, specif				
(Signac	1) Hora	m.d. C	Surely	M. D.
	(Address)	Thur	and.	Hlds

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Other contributory causes of importance:		Other contributory causes of importance:	
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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SOFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT white the Corporate hands Registration Dist_No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. ds. How long in U.S. If of foreign birth? __mos. PHYSI (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Dey) (Year) 5e. If merried, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceesed from (or) WIFE of PERM certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than proper Days to have occurred on the date stated above, at, 1 dey. 20. hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or 30 min. were as follows: Oate of onset 8. Trede, profession, or perticuler kind of work done, es SPINNER, THIS PATION RESERVED SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which should work was done, es SILK MILL, DCCU SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation _____ instructions NFADING Other Contributory Causes of importance 12. BfRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully Whet test confirmed diagnosis?. Wes there en eutopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: E DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury USE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) - Leclerica Registrat.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

IARGIN

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Evample II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
an creatily S			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor stat UPA	1. PLACE OF DEATH	(125-12)
ould noc	County ctrederick?	Registration Dist. Np. 137
sho	Village or City State Sanatorum	death occurred in a horpital or institution, give its NAME instead of street and number)
200/7	Length of residence in city or town where daath occurredyrsmos.	
Eve	2. FULL NAME Hortense & Ma	tthews
PHYSICIAN ct statemen	(a) Residence: No. 508 E 27 th (Usual place of abode)	SEST. Ward. Ballmore MC
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) Cyril. 8: 193 5 (Yaar)
AN	(OT) WIFE OF Ernest E. Matthews	22. I HEREBY CERTIFY, That I attended deceased from March 20, 19 35, to april 8, 19 36
	6. DATE OF BIRTH (month, day, and yaar) may 25, 1912	i last saw here aliva on april : 8. , 1935; daath is sai
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
IS sta pro cert	8. Trade, profassion, or particular	ware as follows:
HIS be be of	kind of work dona, as SPINNER, Housewife	Julmonary Welsses
vK_T should it may n back	Work was done as SI K MIII	multiple Dec
INF Sh t it on	SAW MILL, BANK, etc	193
DIN So so ucti	12. BIRTHPLACE (city or town) Balto. Ma. (State or country)	Dther Contributory Causes of Importanca:
UNFA upplied terms,	# 13. NAME Charles R. Corlina	Dilaton of Heary
D # 2 "	14. BIRTHPLACE (city or town).	Name of operation
	(Clare of County)	What tast confirmed diagnosis? Chust X ray Was there an autopsy?
W refu in ant	15. MAIDEN NAME VVCAU CLOSE	23. If death was due to external causes (VIOLENCE) fill in also the following:
can TH port	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19 Whare did injury occur?, 19
A DIG	17. INFORMANT HOTTENSE E. Matthews, (Address) 508 E. 27 th St. Bal to Md	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HDME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Pleca Date Md. Date Musure	Mannar of Injury
mation CAUSI TION	19. UNDERTAKER M. L. Creages (Addrass) Thurmout Ha Md.	24. Was disease or injury In any way related to occupation of decaased?
z (T)	20. FILED 8 Registrar.	(Signed) Sharper M. (Addrass) State Sanatoring M.
	If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 1 1000	Other contributory causes of importance: Gastroenteritis	
GREATURES .	May 1,1923	Chan better the	1 year

	f infor-	d state	CUPA.	
)	item o	shoul	of OC	1
	RD. Every	YSICIANS	statement	
	r reco	Y. PH	Exact	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	IS A PE	stated E	properly	certificate
	HIS	be	be	Jo
	INK-T	E should	it it may	on back
	ADING	ed. AG	is, so the	tructions
	UNE	uppli	term	e ins
١	J. W.	lly s	plain	Se
	W.	refu	l in l	tant.
	NLY	oe ca	ATH	mpor
	PLAI	1 plnou	OF DE	very in
	-WRITE	mation sl	CAUSE	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA		STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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	4		
71	101	()	111
3.7	di	(6)	

1. PLACE	OF DEAT	'H	S- 11-4-1		F4
County	Frede			Within the C	Registration Dist No. 12/
Village or Length of re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fred or town where d	eath occurred	1:10 G	No. 40. 4 North Ward feath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL N	AME Mr	s. Barba	ra Helen	McCardell	
			vell Terro	ace	St., Ward. If nonresident give city or town and State
PERSO	NAL AND	STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. color	or race	OR DIVORCE	RIED, WIDOWED,) (write the word) OWed	21. DATE OF DEATH April 3 , 193 5 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divor		t W. McC	addell	22. I HEREBY CERTIFY, That I ettended decaasad from
	eers	Months	Days Days	15,1885 If LESS then 1 dey,hrs.	I last sew her since on
8. Trade, pro	fession, or par f work done, e ER, BOOKKEEP	s SPINNER.	Housewif	ormin.	were as follows: Date of onset
9. Industry o work v SAW N Date dece	r businass in vas done, es SI ILL, BANK, et esed last work cupation (montains)	which LK MILL, c	Sper Occu	ma (yeers) It in this 22	Other Coutributory Causes of Importance:
13. NAME	Henr	y E. Lit			
14. BIRTHPLA (State	CE (city or tow or country)	Penr	12.		Name of operation Dete of What test confirmed diagnosis? Was there en autopsy?
监 15. MAIDEN N	AME A	nnie Fis	her		23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Annie Fisher 16. BIRTHPLACE (city or town) (State or country) Maryland					Accident, suicide, or homioide? Control Dete of injury April 2, 19
17. INFORMANT Henry E. Little (Address) 404 Rockwell Terrace, Fred. Md. 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 4/5/35 ,19					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury tell good close from the following the second state of
19. UNDERTAKER (Address)	Fred	erick. Man	& Son	1	24. Was disease or injury in any way related to occupetion of deceased? If so, spacify (Signed)
20. FILED Q	seril, 1!	35. Dr	y has	Registrar.	(Address) And Advantage (Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(2)	
county or rederick	Registration Dist. No. 1.59	
Village or City State Sana Lorum	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrs6mos.	0	ds.
2. FULL NAME Millarda, Mc	Coy	
(a) Residence: No. R.D. #2 Sharysburg	sillation. Co. Md.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Wonth) (Day) (Yes	5
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,	
(or) WIFE of	10 3 4 to OMM & 1 7 to	1 from
6. DATE OF BIRTH (month, day, and year) Ume 16. 1908	I last saw h im alive on Offil 16 1935; death I	ls said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:35 A.m.	0.00
26 / 0 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of	onset
	RILLAND	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 minonary mer culous	/
10. Date deceased last worked at this occupation (month and ct. 1933 spent in this / 2 yw)	1.9	134
12, BIRTHPLACE (city or town) Sharpsburg. Md.	Other Contributory Causes of importance:	
(State or country)	Tutercylous Laryngs 10	
13. NAME alongo the Coy		
13. NAME CLONGO MC COY 14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Shurt X 194 + Pro- Was there an autopsy?	No
15. MAIDEN NAME Rena Marshall	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_	
- (State of Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Millard a. Mc Coy Con admirtie (Address) M. D. # 2. Shurmsbur a M.d.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Sharysawra Inapate muknown	Nature of injury	
19. UNDERTAKER C. L. Summy.	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Keedysvalle MA.	If so, specify	
20. FILED 5/12/31, 19	(Signed) A Country a. And A for	M. D.
Registrar.	(Address)	U

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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MOTHER FATHER

02109

OTATE OF MARKETAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	
County Frederich Carrely ETS	Marriag Mas by, Registration Dist. No. 2
Village or City The Alexander	No. Frederick County Hospital St., Ward
	death occurred in a horpital or institution, give it NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Orange mc	Lavern.
(a) Residence: No. Brunning 4 Ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white Widawer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Culture.	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Lefst 15. 1852	76. 64.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 A m.
2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Dendilean rath N'035
SAW MILL, BANK, etc.	Primary Course: Cerebaal Remarkager
11. Total time (years) this occupation (month and spent in this	Eng J2
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	artero Scheroso 1930
13. NAME John M. Havern 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Cler 2 nudy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IND Manuel Delle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Suppl. Mappelieur (Abspillar) 18. BURIAL CREMATION, OR REMOVAL BULLINGUITE STATES	
Place Tack Height Campate \$ 1112 - 19	Manner of injury
12 h DA-V	Nature of injury
19. UNDERTAKER M. s. 1 2 Clchuson Jone	24. Was disease or injury In any way related to occupation of deceased?
(Address) Graderick Mich	II so, specify
20. FILED DU agral, 19 25. dre t. n. Sandy	(Signed) M. D.
Registrar.	(Address) The Alle Manager 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, audien die Acknitat,	A411 11. Counts offer, Datimore, Requesting U. S. IVO. I.

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Example I	agention.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING FOR MARGIN RESERVED

That I attended deceased from

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
THE BOTTOM STATES	200		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
14			

Oate of onset

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Example I Example II

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

See instructions on back of certificate.

TION is very important.

CTATE	OF	MADVI	ANID	CEDTIE	CATE	OF	DEATL
SIAIL	Ur	MAKIL	ANU-	-CERTIFI	CAIL	OL	DEALL

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH		73)
County Frederick	* 11. d. h	Registration Dist. No. 13/
Village or City Freder	ick was it was	No. Frederick City Hospital St, Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	th occurredyrs	os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Robert Albe	ert Miller	
(a) Residence: No. Francis So	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White	OR DIVORCED (write the word) Widower	April (Month) (Oay) (Year)
5a. If married, widowed, or divorced	MIGONAL	(Month) (Oay) (Year)
(or) WIFE of Mary AlmaBi	utler	22. A HEREBY CERTIFY, that I attended deceased from
		10100 10 1000 24 1000
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 11:40 m.A. M.
	1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	10 ormin.	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Steward	Vantistream 1035
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and		
SAW MILL, BANK, etc.	-Hotel	
year) December 1934		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country) German	У	Iron mal Meumonia 113/35
监 13. NAME Gustav Miller		1 (Oranhal)
H 13. NAME Gustav Miller 14. BIRTHPLACE (city or town) Stott	-×	Name of operation Oate of
(State of country)	nany	What test confirmed diagnosis?
15. MAIOEN NAME Selma ????	???? Corellar	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Selma ???? 16. BIRTHPLACE (city or town) Stot (State or country) German	tgart	Accident, suicide, or homicide?
Man elsol.	millen	Where did injury occur?
17. INFORMANT (Address)	T. Med	
18. BURIAL, CREMATION, OR REMOVAL Mt.	Olivet Cem.	Manner of injury
Place Frederick, Md.	Date April v27,19	Nature of Injury
19 UNDERTAKER M. R. Etchison	a & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick, N	ſd.	If so, specify
20. FILEO 26 - APT, 19 25. Dra	In Curly .	(Signed) At A Carrier U.d. M. O. (Address)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH plnods Registration Dist. No. (outside (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? ______vrs._____mos.__ Length of residence in city or town where death occurred statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE If LESS than Months Days stated 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED Jo back may 9/Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at this occupation (month and 11. Total time (years) 00 spant in this occupation __. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_____ Was there an au'opsy?____ MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoy very (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury SE Date Uhr 29, 19 35 mation NOIL Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) 20. FILED Vira Registrar.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

	14-		
- 0	13.4	98	
- 13	1	30	
	-		

/	. PLACE OF DEATH County Frederick				82-20)		
County					Registration Dist. No.	20	
Village 🗱	Village or City Monrovia,			/1f	No. St. death occurred in a hospital or institution, give its NAME instead of street	Ward	
Length of ra	sidenca in cit	y or town whera d	leath occurrad		death occurred in a hopping of institution, give is 147-141. Instead of street		
2. FULL NA	AME	John El	mer Mye	rs,			
(a) Reside	ence: No.	Mo	nrovia,	Md. of abode)	St., Ward. If nonresident give city or low:	and State	
PERSO	NAL AN	D STATISTI	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н	
3. SEX Ma.le		n or race	OR DIVORCE	RIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH April, 7,	(Vear)	
5a. If married, wido HUSBANO of (**) WHE	wed, or divo				22. 1 HEREBY CERTIFY, That I atte	(1331)	
6. DATE OF BIRTH	(month, day	and year) 18	379-9-25		I last saw h say aliva on Cept 19	35; death is sald	
	ears	Months	Oays	If LESS than	to have occurred on the date stated above, 5:452 .m.		
5	5	6	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.0	
SAWYE	work dona, a	as SPINNER, PER, etc	Farmer		Threwis Voisonny	Oate of onset	
9. Industry or work w SAW M 10. Oate decea this occ	r business in vas done, as S IILL, BANK, e ased last wor	Which ILK MILL, tcked at 70/5	11. Total t	ima (years)			
12. BIRTHPLACE (C) (Stata or co	city or town).		erick Co Land.	ima (years) 30 yr upation	Other Contributory Causes of importance: Cerebral Hemorrhay	1/2	
H 14. BIRTHPLAC		wn) Hoy	mard Co.	t	Nama of operation None Oate What test confirmed diagnosts? Ly 21 and Luda Washard		
15. MAIDEN N	IAME	Julia	a E. Blac	ck.	23. If daath was due to external causes (VIOLENCE) fill in also tha foll	owing:	
15. MAIDEN N 16. BIRTHPLAC	CE (city or to	wn) Unl	known		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT Mrs. Julia E. Myers, (Address)R. F. D. #4. Mt. Airy, Md.			E.Myers	3	(Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	d State) C PLACE.	
18. BURIAL, CREMA	ATION, OR R	EMOVAL		ril,9,35	Manner of injury		
19. UNOERTAKER(Addrass)	lo	.m. y. Winfiel	alt.		24. Was disaase or injury in any way related to occupation of decaased If so, specify	17-7-0	
20. FILED Tops	if 9.,1	935 Luc	ian K7	Registrar.	(Signed) (Address) Ma Our Care	med M.D.	
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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7 to 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH	****
infor- state UPA-	1. PLACE OF DEATH	(46%)	33
of ald	county redericed ithis	the Corporate Registration Dist. No. / 3	
item of should of OCC	Village or City Treclerics	No. 142 East aouth st	Ward
N N N	Length of residence in atty op town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and num 5. / 5 ds. How long in U.S. if of foreign birth? mos.	
Every CIANS ement	2. FULL NAME Gear of A. C	mos.	OS.
RD. Every YSICIANS statement	(a) Residence; No. (le)	LOW West	
	(Usual place of abode)	If nonresident give city or town and Sta	ale
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
[Y	3. SEX 7/ 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Jones) (Day)	98 3 (Yeer)
TOING TANES A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Plorence Hyah	22. I MEREBY CERTIFY, That I ettended dec	
BIND FERM. EXA EXA y class te.	6. DATE OF BIRTH (month, day, and year) May 27 186	V last saw Live on Rep 2 7	. 1936
<u> </u>	7. AGE Years Months Days ILLESS than	to have occurred on the date stated alova, at 7.154m.	eath is said
FOR IS A Stated proper ertifica	66 10 12 1 day,	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	1 10	ate of onset
	SAWYER, BOOKKEEPER, etc	Capelinousce of 7	www.
K-T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Store Coly	1
RESER GINK- GE shou that it m ons on ba	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 40 %		
ARGIN RI NFADING oplied. AGI erms, so tha	12. BIRTHPLACE (city or town) 72(d. (State or country)	Othar Contributory Causes of importance;	
ARG UNF, pplie terms instr	I 13. NAME Smallwood Orem		
MAF i UN suppl	7 14. BIRTHPLACE (city or town). (Daltumere Co.	Name of operation.	
llly plain	(State or country) Y/ d.	What test confirmed diagnosis? Was there en auto	psy? Ze
Wrefully in pla	I 15. MAIDEN NAME Currie Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:	
INLY, W be carefu EATH in important	16. BIRTHPLACE (city or town) Bellinian Co. (State or country)	Accident, suicide, or homicide? Date of injury	., 19
ALAINI Id be DEA'	21 21	Where did injury occur? (Specify city or town, county and State)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
PLA hould OF D	17. INFORMANT A A CITY SHOULD STATE CITY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
re shore of shore is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Duestossa Com. Date 10 - april, 1935	Nature of injury	
mation CAUS	19. UNDERTAKER A: M. Suyden. (Address) M. T. arry, Jul.	24. Was disease or injury in any way related to occupation of daceased?	10
	20 FILED 9-april 1935. One J. m. Curdy	(Signed) Helden & Mil.	CM.D.
	If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALLV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S Every Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos. statement PHYSICIAN CORD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. 5a. If married, widowed, or divorced HUSBAND of allended deceased from That I (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Davs If LESS than to have occurred on the date stated ebove, at stated The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trede, profession, or particular THIS PATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.. back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc 220 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spent in this that occupation ___ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) efully What test confirmed diagnosis? Was there an autopsy?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following car Accident, suicide, or homicide?_____ Date of injury_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE should OF 18. BURIAL, CREMATION, OR REMOVA Manner of injur CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLAINLY, WIN

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	17:0)
county Frederick City Hospitas	Registration Dist. No. 13)
Village or City Inderick Maryland	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Thour Mr. Jone Y	
(a) Residence: No. 222 2 Rabb. St. Ballación (Usual place of abode)	e St Md. Ward. Rolling we will be state. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Maried	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Europe & Plack Semmons	22. 1 HEREBY CERTIFY, That I attended deceased from Capual 23, 1975, to Capual 25, 1975
6. DATE OF BIRTH (month, day, and year) May 30, 1886	I last saw h and alive on agreed 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
48 18 25 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Others Cutter designed SAWYER, BOOKKEPER, etc.	Turneled Dastrie 4 hrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- beleer
11. Total time (years) this occupation (month and year) year)	
12. BIRTHPLACE (city or town Bollsmore City	Other Contributory Causes of importance:
(State or country)	Chronic alcu (History)
13. NAME 2 derry Slock.	2
14. BIRTHPLACE (city or town) Services (State or country)	Name of operation aparting with Drawing of 4/24/25
E 15. MAIDEN NAME MORALE & Shace	What test confirmed diagnosis? The Was there an au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Europe 3. Vlack, (Address) 20 20 Roll St. Ballings Mrs.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Baltimore Ind. Date Theil 29, 1935	Manner of injury
19. UNDERTAKER Jea Wa Sittle Gur Balting (Address) 2700 Edmondon Gur Balting	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 26 - agr., 1935. In hours	(Signed) M. Outlin Geaste M. D. (Address) Fudering, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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16. BIRTHPLACE (city or town)

17. INFORMANT

(Address)

(Address)

(State or country)

2110

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH item of should County____ Registration Dist. No. Village or City of (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?.. statement RECORD. (a) Residence: No. St., (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) EXACTL marrie (Day) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Months If LESS than Years Days to have occurred on the date stated above, at 3 0 Pm 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, JO SAWYER, BOOKKEEPER, etc back 9. Industry or business in which work was done, as SILK MILL, may plnods SAW MILL, BANK, etc on Date deceased last worked at 11. Total time (years) this occupation (month and spent in this LD4 so that occupation __ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. HE FAT 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Neture of injury 24. Was disease or injury way related to occupation of deceased? If so, specify (Signed). (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Where did injury occur?.

Accident, suicide, or homicide?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL !	SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN
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M

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2)
/ county Frederick	Registration Dist. No. 139
Village or City State Sana Lorum	Trail Trail
Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME adolf & otrus	ruski o T
(a) Residence: No. 236 S (Volume Ton a)	Ward. Salw. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of HUSBAND of Josephine Potrususki	22. I HEREBY CERTIFY, That I attended deceased from 25, 1931, to any 1935
5. DATE OF BIRTH (month, day, and year) July 8, 1891	Mest saw h _ alive on april 8, 1935; death is said
7. AGE Yeers Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ulmonary wher culosis 1930
this occupetion (month and year) 11. Total time (years) spant in this occupation (coupation the coupation that the coupation the coupation that the coupation	wn
12. BIRTHPLACE (city or town) Poland	Other Contributory Causea of importence:
(State or country)	Jalal ulmonary Hemorrhace
13. NAME Meodore or arysuski	
(State or country)	Name of operation Date of Deterois Clash Y 2 Glash Pass Multim 12 As
5 15. MAIDEN NAME Maraaret -?	What test confirmed diagnosis? W.M. A. Suy T. L. O. Washhere an autopsy?
16. BIRTHPLACE (city or town) Poland (State or country)	Accident, suicide, or homicide? Date of Injury, 19
1010 1. 100	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE B AL TO MA Dete WAYNING	Manner of injury
9. UNDERTAKER M. L. COLOGIA (Address) Thursmonth	24. Was disease or injury in any way related to occupation of deceased?
0. FILED Registrar.	(Signed) Heward & Shaffer M. D. (Address) Hate & gnaturum my
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	h	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1.0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	05/14
1. PLACE OF DEATH	(49.0)	CUT
County Frederick	Registration Dist. No. 137	
Village or City Mean Muron Budge	No	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nur. ds. How long in U.S. if of foreign birth?mos.	
2. FULL NAME Ida Virgunia Relile		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	iate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 5 (Óay)	193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sterley Reph	22. HEREBY CERTIFY. That I attended do	ceased from
6. DATE OF BIRTH (month, day, and year) Dec 19th 1866	I last saw h 4 alive on afr. 115 , 19 35	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 500 m.	
68 3 (6 1 day, hrs. or mln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	arteris - Selevous	1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Casimona of Daract	1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cosemona of avory	14.1934
O 10. Date deceased last worked at this occupation (month and spant in this	Painay Caromona of orany Caro	<u> </u>
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
14. BIRTHPLACE (city or town)	Name of operation Oate of	
(State or country)	What test confirmed diagnosis Clurical Was there an au'	opsy? Ho.
15. MAIOEN NAME Susan	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIOEN NAME Susans 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury	, 19
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Miss Drug stully (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Musitoria Me Oate upul 8 , 1935	Nature of injury.	-31100
19. UNDERTAKER Pougle & Albaugh (Address) Liberty your	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILEDAM 8 1975 MA Curfuear Registrar.	(Signed) And March (Address) Alle Louis My	M.O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S THE S THE STATE OF S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS Length of residence in city or town where deeth occurred statement How long In U.S. if of foreign birth? _____yrs. ____mos._ PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month (Day) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of That I ettended deceased Arom 6. DATE OF BIRTH (month, dev. and veer) properl 7. AGE Yeers Months to have occurred on the dete steted e ove, et. o. Devs If LESS than stated I dey, hrs. The PRINCIPAL CAUSE OF DEATH and pelated causes of importance or min. Date of onset 2. Trede, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ of may back industry or business in which should work was done, as SILK MILL, OCCUP SAW MILL, BANK, etc To Date deceesed last worked et 11. Totel time (yeers) this occupation (month and / spent in this GE that instructions Other Contributory 12. BIRTHPLACE (city or town (Stete or country) FATHER See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?. ----- Was there an au'opsy? MOTHER important. in -23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following 16. BIRTHPLACE (city or town Accident, suicide, or homicide?. DEATH (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of injury. 24. Was disease or injury in any wey related to occupetion of deceased? (Address) If so, specify .. (Signed). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	A Anna	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	(Jastroenteritis	1 year



	OF MARYLAND-	CERTIFICATE OF DEATH	Ancen F
1. PLACE OF DEATH	. 0	(168)	10/
County der	ch	Registration Dist.	No. /2/
Village or City	- a Morelea	f death occurred in a hospital or institution, give its NAME inste	St., Ward
Length of residence in city or town wher	e deeth occurredyrsmo	s. How long in U.S. if of foreign birth?	yrsds
2. FULL NAME Wide	e Renelia	rt	
(a) Residence: No. 15-5e	Lunge St. 9	reservit Words.	
	(Usual place of abode)		city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE Therefore Therefore	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Operation (Month)	(Dey) 1935 (Year)
HUSBAND of (or) WIFE of	PD.	22. O I HEREBY CERTIFY. I	That I ettended deceased from
(OF) WIFE OF Willest	Justart	april 17, 1935 to apr	
B. DATE OF BIRTH (month, day, and year)	Lec. 16. 1880	Hast saw her since on 17 - april	19 25; deeth is said
. AGE Years Months	Days If LESS then	to heve occurred on the dete steted above, at 4 Q.	.m. •
54 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of i	mportance
Trade, profession, or particular		were 62 LOHOM2.	Date of onset
Frade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	<u>S</u>	Hemerolano e.	
SAWYER, BOOKKEPER, etc	orner"	consed by lovers	20 12:0
SAW MILL, BANK, etc		It. Side of week	4 35
10. Dete deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupetion	3mccde/	
Fra	Doniel Co	Other Contributory Causes of importence:	- 0.
2. BIRTHPLACE (city or town) V / 24 (State or country)	Tand.	Carling folk forann	sugar.
13. NAME Access 14. BIRTHPLACE (city or town)	Beech	- Umple,	
13. NAME HEREN	71-1		
14. BIRTHPLACE (city or town)		Neme of operation	Date of
(State or country)	100	Whet test confirmed diegnosis?	Wes there an europsy?
16. BIRTHPLACE (city or town)	- place	23. If deeth was due to external causes (VIOLENCE) fill in e	
16. BIRTHPLACE (city or town)	129-1	Ascident, sulcide, or homicide? Surcial Date of	of injury 17-apr., 19. 3:
(State or country)	000	Where did injury occur? Manterne - Guer	gency Brapita
INFORMANT MISSERVE	restifer Jul-	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, o	r in PUBLIC PLACE.
(Address) material Trad	week mid	Jublic Jonne -	
B. BURIAL, CREMATION, OR REMOVAL	11/10 6	Menner of injury Rayor Rlade	myun
Place.	Dete 7 / 7 , 19 3	Neture of injury Laseratish week to	rearing - Klum
9. UNDERTAKER 6-E-Colu	un totan	24. Was diseese or injury in eny wey related to occupation of	of deceased?
(Address)	net ma	if so, specify	
10. FILE /8 - april, 1935.	Registrar.	(Signed) Address) Produce	net mid
If mor	e blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. v.	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

ż

1. PLACE OF DEATH	®
County Fridquel	Registration Dist. Np. 141
	No. St., Warn Fideath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME IN LONG RISE	
	C
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (curite the word)	21. DATE OF DEATH Shill 10, 193 3 S (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased fro
(or) WIFE of	
6. DATE OF BIRTH (month, dey, and year)	last saw h alive on 19 death is sai
7. AGE Yeers Months Days KESS then	to have occurred on the dete steted above, atm,
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusos of Importance
8. Trade, profession, or perticular	were as follows:
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	1-00
9. Industry or business in which	Dullbul
work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and yaer) occupation.	
RALA SIA	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Town (State or country)	*
II 13. NAME LINERAUN	
T	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
I 15. MAIDEN NAME PULL ATAL ROSE	Whet test confirmed diegnosis? Wes thare an eulopsy?
I	23. If death wes due to axternal causes (VIDLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homfolde? Date of Injury
L. Vigata Roo	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT CANALIST CANALIS	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL. / hed	Manner of injury
Plece Swinswoh Dete Who 10, 1935	Nature of injury
in homographics 1 14 2 4 day	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER ATTEMENT	If so, specify
20. FILED apr 10 1, 1955 mso. H S. Half	(Signed) (Address) (Addres
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	or- or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA.	1. PLACE OF DEATH	(32-0)
		County Trederick	Registration Dist. No. 13
M	2 2	Village or City Frederick	246 Watrick
111	.m •	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every SIANS ement		ds. How long in U.S. if of foreign birth?yrsmosds.
	CIA	2. FULL NAME Charles Milvil	le Schaffer
	kD. Every YSICIANS statement	(a) Residence: No. 246 M. Patrick	St.,Ward.
	_ /	(Usual place of abode)	If nonresident give city or town and State
	RE PH	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	T H	Male Marite (write the word)	21. DATE OF DEATH July 10th
5	T I ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	IAN A C Issifi	HUSBAND of Wortha Schaffer	22. I HEREBY CERTIFY. Mat attended deceased from
BIND	X A A class		193 O, to A free 01, 19 33
BI	E E	6. DATE OF BIRTH (month, day, and year) left 14- 1862	I last saw h alive on alive on last ls said
23	IS A PE stated E properly ertificate.	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
FO	IS A] stated proper ertifica	72 6 2 / rusy min.	The PRINCIPAL GAUSE OF DEATH and related causes of Importance were as follows:
A	be sof c	8. Trade, protession, or particular kind of work done, as SPINNER, Retried Farmer SAWYER, BOOKKEEPER, etc.	Allyson Surson 1923
Œ	100	9. Industry or business in which	To facility white res
ER	nay back	work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
RESE	E sh it it	10. Dato deceased last worked at 1914 11. Total time (years) spant in this 3.	Cetreil Hemitory 1324
R	NFADING I oplied. AGE erms, so that instructions o	year) occupation 2	Other Cuntributory Causes of importance:
Z	So so icti	12. BIRTHPLACE (city or town) frederick County	
GIN	FA ied ns, stru	(State or country)	
MAR		13. NAME for athan schaffer 14. BIRTHPLACE (city or town) Frederick to	
Z,	07 =	4 14. BIRTHPLACE (city or town) Trederical 40 (State or country) med,	Name of operation
	25 5	a. a. R. 1 - 2-1:1	What test confirmed diagnosis? Was there an au'opsy? $\mathcal{N}_{\mathcal{C}}$
	W efu in ant	15. MAIDEN NAME Chine Vebreca Metrice 16. BIRTHPLACE (city or town) Frederick Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
	be carefu EATH in i		Accident, suicide, or homicide? Date of injury, 19
	d be can DEATH	(State or country)	Where did Injury occur? (Specify city or town, county and State)
		17. INFORMANT Mig. Martha Tchaffer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
		(Address) Trederick red.	
	四日 四十二	Place het blive Ceres Date for 12 1935	Manner of Injury
1	MATTI mation CAUSE TION is	1 8 10 4	Nature of injury
61	7831	19. UNDERTAKER OIC. Ollie Val.	24. Was disease or injury in any way telated to occupation of deceased?
Z	B		If so, specity
>	z (T)	20. FILED 2 - Opr 1935 Ora - M. Ceraly	(Address) M. D.
	0		(A001888) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
		., more vamos are needed, address State Registrage, 2	411 IV. Charter Street, Dammore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

St. T. J. Serve

STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH
County Frederick			Registration Dist. No. 137
Village or Bity near, Cover (Corner	R.F.	D Name Wassan
Length of residence in city or town where death		, (If	of death occurred in a horpital or institution, give its NAME instead of street and number) Leds. How long In U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Charles (a) Residence: No. near, Cov		rner, Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April, 30, 195
5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 1934-	-12-18		I last sawh im alive on april 29 2 1935; death is sai
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at
0 4	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z JAWILK, DOUNKLIFER, BIC.	none	*************	Cholisa Disposition Data of once
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	sper	me (years) It in this pation	
12. BtRTHPLACE (city or town) Frederic (State or country) Marylan			Other Contributory Causes of importance:
13. NAME Lloyd Wilh 14. BIRTHPLACE (city or town) Unkn (State or country)	lown		Name of operation Date of
15. MAIDEN NAME Carrie Sch	eller		What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carroll (State or country) Maryla	Co.		Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Carrie Schell (Address)R. F. D. New Winds	Ler		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLAT AyRorsville Cem.			Manner of injury
19. UNDERTAKER 6. 7m. N. Al. (Address) Winfield, Mg.	3.		24. Was disease or injury in any way related to occupation of deceased? Ho If so, specify
20. FILED QM 30 , 1935 7/2	Alu	f-thelly-	(Signed) L. Co. Stelly M. M. (Address) New windson Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onsel
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
1ay 1,1923	Gastroenteritis	1 year
	uly 5,1927	1921 Run over by street car dy 5,1927 Peritonitis Other contributory causes of importance:

•	MARGIN RESERVED FOR BINDING	FOR BINDING
RITE PLAINLY, V	WITH UNFADING INK-THIS	RITE PLAINLY, WAST UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
ion should be caref	fully supplied. AGE should be	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
USE OF DEATH in	n plain terms, so that it may be	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
N is very importan	N is vory important Soo instructions on hard of nortificate	opentificate

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Registrer. (Address) - Landing and		Frederick Mel		ion of deceased?
Registrer. (Address) And Marie, Mal	20. FILED 2 - Clar 19 35. Ora	In Courles	(Signed)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				with my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	B.—WRITE PLACEY, W. I UNFADING INK—THIS IS A PERMANENT RECEDE TO Every item of information should be carefully supplied. AGE should be stated EXACTLY.—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDING	stated EXACTLY. properly classified. Excertificate.
MARGIN RESERVED FOR BINDING	UNFADING INK—THIS supplied. AGE should be n terms, so that it may be iee instructions on back of
Yo. 1	WRITE PLATE LY, W. CONFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-0
county Frederick	Registration Dist. No. 144
Village or City That was worth	No. St., Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Spirit 6 193 5
5a. Il married widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF C. Shafer	22. SHEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Royal 12.1822	Hast saw her alive on afficient 5" 1935; death is seid
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the date steted above, et 1904.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as ollows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc House wife	Lancoma d'homana fan 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) TTT: ddl = town TT	Other Contributory Causes of importence:
13. NAME Reivald Castle	
14. BIRTHPLACE (city or town). M. dale town	Name of operation Dete of Dete of
15 MAIDEN NAME C . TI	What test confirmed diagnosis? Slowa the flary Wes there en au'opsy?
16. BIRTHPLACE (city or town). M. S. L. S. L. S.	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Marie Zentz (Address) Teurnont Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Middle town Dete From 8,1936	Neture of injury
19. UNDERTAKER Gladlill to.	24. Wes diseese or injury in any wey releted to occupation of deceased?
20. FILED april 6, 19 35 anna M. Jones Registrar.	(Signed) Morris G. Bueg M.D. (Address) Thurmout Mich
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

(Yeer)

Date of onsat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Z

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
----------	-------	------	----------	------	----	-------

LI.	
045	4 15
TIME	1 7.5
10.00	4 6
1	

1. PLACE OF DEATH	23
County ore derick	Registration Dist. No. 139
Village or City State Sana torum	The Mard St., Ward
Length of residence in city or town where death occurredyrsmos.	death, occurred in a hospital or institution, give its NAME instead of street and number)
	To us. now long in 6,5,11 or loreign pitcht
2. FULL NAME JOHN C. STORY	les co lond
(a) Residence: Np. Seat (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON MAN OF A
male whole single	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) Ot. 4. 1909	I last saw hamalive on and 1, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, av 2:15 P.m.
25 5 27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 S Trade profession or particular	were as follows: Date of onset Gug
SAWYER, BOOKKEEPER, etc.	P 1 1 1 1932
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last worked at 11. Total time (years)	1 umonary whereulous
SAW MILL, BANK, atc	
this occupation (month anguly 1933 spent in this 10 40 occupation	
12. BIRTHPLACE (city or town) maryland.	Other Contributory Causes of Importance:
(State or country)	Tulber cul man he white
13. NAME Daniel F. Shorter	- francis over francis
13. NAME Danel J. Shorler 14. BIRTHPLACE (city or town) Md	Name of operation None Date by
(State of country)	What test confirmed diagnosis? Churt X ray Pas Was there an autopsy? No
# 15. MAIDEN NAME Mabel Buckler	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Wable Buckler 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT John O. Solor Cer	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shat Pleasant Md	
Place Lat Plasant Data unknown	Mannar of injury
m & Papa a app	Nature of injury
19. UNDERTAKER // J. C.	24. Was disease or injury in any way related to occupation of deceased?
(1/4/) = 1000	(Signad) & lwart S. Shaffer M.D.
20. FILED Registrar.	(Address) It at Sanatorfam M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED UNFADING INK-THIS WRITE PLAINLY, WITH

state

-Exact statement of OCCUPA. PHYSICIANS should

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MADVI AND CEDTIFICATE OF DEATH

11

STATE OF MARTLAND	CERTIFICATE OF DEATH	FILL
1. PLACE OF DEATH	(J31)	
County Trederick	Registration Dist. No.	
Village on City Frederick	No trederick City Hospital	R Ward
(11	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth? yrs	10sds.
2. FULL NAME Smith Mrs Man		
(a) Residence: No. Eldred Pal	St Ward.	
(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Funale White OR DIVORCED (write the word)	agul 19	., 193
5a. If married, widowed, or divorced	(Month) (Day)	(Yaar)
HUSBAND OI GOOD Deorge Dr. Swith	22. HEREBY CERTIFY, That I attended	deceased from
	agril 19 , 19 11 , to agril 14	, 19_2
6. DATE OF BIRTH (month, day, end year) March 18-1861	I last saw her alive on april by 1935	.; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.	
7 4 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or postinular	Well as follows.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Petited house of SAWYER, BDDKKEEPER, etc.	Mus cardiel builting	
9. Industry or business in which		2 day
work was done, as SILK MILL, SAW MILL, BANK, etc		
Date deceased last worked at this occupation (month and spent in this		
year) occupation	Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	News Cit	
13. NAME Coul Range 14. BIRTHPLACE (city or town)	Chrime neshita	mrz
14. BIRTHPLACE (city or town)	Name of operation Date of	-1
(State or country)	What test confirmed diagnosis? Was there an	70
15. MAIDEN NAME Mary Mc. Cullougt		,
15. MAIDEN NAME Mary Mc Cullough 16. BIRTHPLACE (city or town) Acotland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
Harry & A 'sl	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFDRMANT Eldred Fa	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		***************************************
Place Eldrid Pa: Date 2/ 1930	Manner of Injury	
1610	Nature of Injury	7
19. UNDERTAKER O. E. Olive Hogy	24. Was diseasa or injury In any way ralated to occupation of deceased?	do
(Address) Frederice Jud.	Il so, specify	
20. FILED 9- apr 1935 Amburdy	(Signed) A. Olinha Gearry	M. D.
Registrar.	(Address) Tulerus, Mr.	A
/		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46.6
County Friderich	Registration Dist. No. 144
Village or City MM Burkettsvilly	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Samuel Lather An	
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Male White State of the color of the colo	21. DATE OF DEATH (Month) (Day) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Daws	22. I HEREBY CERTIFY, The I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opt. 12 1867	I last say have alive on Alexander 19 15 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 6 17 aday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of enset
SAWYER, BDDKKEEPER, etc.	(Sumoma State
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	A flourach ?
11. Total tima (years) this occupation (month and year) yaar) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) / Sugaria	Dther Contributory Causes of importance:
H	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy?
I DOMESTICATION OF THE PARTY OF	23. If death was due to axtarnat causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT Mary Dans Sant. (Address) Buskellandle Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place I swell red. Data May 1 ,19 35.	Nature of injury
19. UNDERTAKER OFF 722 t 2 years	24. Was disease or injury in any way related to occupation of decaased?
(Address) Brisnowick mg	If so, specify
20. FILED apr 30., 1935 MO. M. D. Hager	(Signed) - fellaw strauffer M. D. (Address) - for the service - fo
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(00)
County Freducts . Within the Con	DOFALE HOLES, Begistration Dist. No. 2
Village or City Frederick.	No. Freshinds City to 22st - Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give it NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssds.
18+00 M2 80	I'm
2. FULL NAME Gull Ms. Chur	1 P4 Nontain 4 n. tail
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jarah M. Stull,	22. MIHEREBY CERTIFY That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) /871-8-15	last saw have elive on Capacif 22, 1921; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 3 4m.
63 7 16 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, Januar	Were as lonows.
kind of work done, as SPINNER, James SAWYER, BOOKKEEPER, etc.	Vente Solar memoria
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK are	1 days
SAW MILL, BANK, etc	
this occupation (month and 3) spentin this occupation 4 year)	
trederiots long	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1 Many land,	
13. NAME Am. m. Stall,	
13. NAME Am. M. Attall,	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME and C. Leoutson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town) Problems	Accident, suicide, or homicide? Date of injury, 19
(State or country) Throughourse,	Where did injury occur?
17. INFORMANT Mrs. Jurah M. Steels,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) M. M. J. J. T. AIRY, W. D.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
1. m of et	Nature of injury.
19. UNDERTAKER O THE START	24. Wes disease or injury in any way related to occupation of deceased?
0 44 0 256 0 3 60 2	(Signed) A. Churchen Carre M.D.
20. FILED 2. 19.30. N. P. M. Registrar.	(Address) Toldenia, Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were ns follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HIDICIAN
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	item	0 Jo
	D. Every SICIANS	Latement
4	RECORI	Exact
MARGIN RESERVED FOR BINDING	WE'TE PLAINLY, WELL UNFADING INK-THIS IS A PERMANENT RECORD. Every item mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O TION is very important. See instructions on back of certificate.
FOR B	IS A PE stated E	CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
ED	rHIS d be	y be
ESERV	INK-7	lat it ma
SIN B	ADING ed. AC	s, so the
MAR	UNF	in term see inst
K	Wheefully	in pla
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	PLAT lould	F DE
	TTE	USE C
(門	CAL

	to the state of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	item of infor- should state of OCCUPA-	1. PLACE OF DEATH	46-6)
	should of OCCI	County Tsedenik	Registration Dist. No.
,	sho of C	Village or City Surve als	No. St., Ward
	> 00 m		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	PHYSICIANS of skatement	2. FULL NAME I ha Louis Taulton	
	RD. YSI	(a) Residence: No. Survey In (Usual place of abode)	St, Ward. If nonresident give city or town and State
4	HE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	T REC. Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5	T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
VIO.	MANEN ACTI	HUSBAND of Web Robert Paullon	22. HEREBY CERTIFY. That I attended deceased from
RIL	E X Cl	6. DATE OF BIRTH (month, day, end year) Jan 28, 1868	I last saw h. ev alive on March 15. 1935; death Is said
<u> </u>		7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at
C	IS A I stated proper ertifica	06 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2	be be lof c	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
E	<u> </u>	4 9. Industry of Dusiness in which	Juliania of
X.	K-T hould may back	work wes done, as SILK MILL, SAW MILL, BANK, etc	- Camary
2	E sh	10. Date deceased lest worked et this occupation (month and spent in this	
7	AG AG ons	this occupation (month and spent in this occupation — year)	Other Coutributory Causes of Importance:
Z	NFADING pplied. AGl srms, so tha instructions	12. BIRTHPLACE (city or town)	
KG	NFA plied rms nstr	13. NAME Jumes / Lung	
IA	D to	14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
	illy supplain	(otate of country)	What test confirmed diagnosls? Was there an autopsy?
	Wy eful in p	15. MAIDEN NAME AND THE STATE OF THE STATE O	23. If death was due to external causes (VIOLENCE) fill in also the following:
	INLY, W be carefu EATH in important	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	be EAT	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	Y DO Y	17. INFORMANT FORM Caul Junella.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Tre on s SE SE	Place from yello MM. Date Jan. 3, 1935	Neture of Injury
	Mation CAUSI	19. UNDERTAKER LETS Tucks & Som	24. Was disease of Injury in any way related to occupation of deceased?
100	FOF	(Addiess) A hy mill	If so, specify
ń	-	20. FILED arill V 19 38 ley H. S. Ludy	(Signed) fully aux of hungup feld. M. D.
>	4 () !	Registrar.	(Address) A - CHARACTER - CARACTER - CARACTE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEREAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	(93-0)
1		county Trederich Co Emergence	Araple, Registration Dist. No. 181
1)	should of OCC	Village or city redesick, mad, of	No. Frederick Co Emergeran St Jala Warre
	. 70	Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	Every CIANS tement	2. FULL NAME Mary Thomas	1 / Jisan Jan Jan Jan Jan Jan Jan Jan Jan Jan J
	O. Every SICIANS atement	(a) Residence: No. O. B. Bents St. tredence	Mad. Ward.
	RECORD. PHYSI Exact stat	(Usual place of abode)	If nonresident give city or town and State
	Si a si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LE K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
5	e FEN	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	A CT.	HUSBAND of J	22. I HEREBY CERTIFY. That I attended deceased from
Z	RM X A	Mancis Minas Nega	19 35 , to 19 19 , 19 3 3
M	PE E	6. DATE OF BIRTH (month, day, and year) May 28 - 18 9 7. AGE Years Months Days If LESS than	Mast saw h
OR	IS A PE stated E properly certificate	1 day hrs	to have occurred on the date stated above, at 1.12 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro ceri	DO Or min. Z 8. Trade/profession, or particular	were as follows:
A	HIS be be of	SAWYER, BOOKKEEPER, etc. Pouse - Work).	July munual 3.4.3
	ould may back	9. Industry or business in which work was done, as SILK MILL.	()
	NK-sho	SAW MILL, BANK, etc	
田田	IG IN AGE that	this occupation (month and spent in this occupation occupation	
PH -	NFADING oplied. AG erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
	AD sd.	(State or country)	Plus Mer mandita
LE E	NF plie rm inst	13. NAME Charles Taylor	7.43
MA	D to a	4 14. BIRTHPLACE (city or town)	Name of operation
	Fig.	(State of country)	What test confirmed diagnosis?
	INLY, WIT be carefully EATH in pla important.	15. MAIDEN NAME Janey Tenlenoine 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	car rh TH	[State or country]	Accident, suicide, or homicide?
		Mr. m () 10.1.	Where did injury occur? (Specify city or town, county and State)
	Should OF D	17, INFORMANT / W. A. Stafely W. A (Addison Will and Company)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	- m	Place Fairnise Com. Colored Date 4-22 , 1935	Nature of injury
~	Mation CAUS FION	19. UNDERTAKER Cornad Francis Homes	24. Was disease or injury in all was related to occupacy of deceased?
£ .		(Address) Frederick Mid.	If so, specify
i.	7 (-1)	20. FILED 21 Of 1931- AMPL	(Signed) M. D
		Registrar.	(Address) S. W. Quant
		15 more planks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE

2. FULL NA (a) Reside

5a. If married, wide HUSBAND of (or) WiFE of

6. DATE OF BIRTI 7. AGE

8. Trade, pro-kind of

(Address)

18. BURIAL, CREMATION, OR REMOVAL

3. SEX male

OCCUPATION

				4
S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH
LACE OF DEA	тн			(119)
CountyFrederi	ck			Registration Dist. No. 13
Village or City Nea			G (H	No. Nr. Point of Rocks St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in c			yrs,9mos.	s. 27 ds. How long in U. S. If of foreign birth?yrsmosds.
TULL NAME	Richard Le			
(a) Residence: No.	Nr Point	(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
e whit			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 29 , 193 5 (Month) (Dey) (Year)
narried, widowed, or divi USBAND of or) WiFE of	brced			22. I HEREBY CERTIFY, That I attended deceased from
E OF BtRTH (month, da	ay, and year) Oc	tober 2,	, 1934	Nost saw h. 1. 22.) alive on Sprif 29, 1930; death is said
Years O	Months 6	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5.1.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
. Trade, profession, or p kind ot work done SAWYER, BOOKKE	, as SPINNER,	home	************	Diarrhea and interities abrile-
Industry or business in work was done, as SAW MILL, BANK,	SILK MILL,			
Date deceased last worked at this occupation (month and spant in this occupation year)				
THPLACE (city or town) Maryland (State or country)				Other Contributory Causes of importance:
NAME Alvie	F. Toms.			

12. BIRTHPLACE (State or co FATHER 13. NAME Maryland 14. BIRTHPLACE (city or town). (State or country) Mollie Harne MOTHER 15. MAIDEN NAME Maryland 16. BIRTHPLACE (city or town). (State or country)

Alvie F. Toms Rocks

Ftchison & Son. 19. UNDERTAKER

(Address) Frederick. 20, FILED afar. 30, 1935

Registrar.

What test confirmed diagnosis? _ LL Was there an au'opsy? . [Mag 23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19

Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address) Color Granes

If hore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(51-8)
County Tuddial Ithin the Corpo	Registration Dist. No.
Village or City Televis	No. Trederich City Joseph Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME WE HORING Trovell	ds. How long in U.S. if of foreign birth? yrs mos ds.
7	S. St. Ward. Creamplemen land
(d) Residence. No. (Usual place of abode)	St., Ward. Cloubalance Und. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Tills word) Tal. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Civily Cotherne Roushing	22. HEREBY CERTIFY, That I attended deceased from 2 6 1935 to an 1 1935
6. DATE OF BIRTH (month, day, and year) Selet 16 1869	I last saw h hm alive on apr 4 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 6 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma Palado
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this excuration ments and	
this occupation (month and 1935) 11. Total time (years) spant in this occupation wears)	
12. BIRTHPLACE (city or town).	Other Coutributory Causes of importance:
I 13. NAME Saw refell	
13. NAME 14. BIRTHPLACE (city or town) (State of country)	Name of operation Explicit a Louy Date of Man 28. What test confirmed diagnosis? Was there an autopsy? When the confirmed diagnosis?
15. MAIDEN NAME Susan Lessen.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan Headen - 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Ina. Darrey Trafell (Address) Creagerston, U.S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Maghainn, Md-Date July 1925	Nature of injury
19. UNDERTAKER Q. W. W right (Address) Walkersin Q. M.	24. Was disease or injury in any way related to occupation of deceased? US
20. FILED Spil., 19 35 Dua Insuralis. Respirar.	(Signed) Thomas M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. S.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	223
1. PLACE OF DEATH	97)	- 2
County Frederick Tog	Registration Dist. No. 15 3	>
Village or City Walkersville	No St.,	Ward
Length of residence In city or town where death occurred 50 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?	
	ds. Flow long in o. s. if of foreign bifelity.	
2. FULL NAME youngells My	vacuer	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH	
male while or DIVORCED (write the word)	(Month) (Day)	(Year)
5a. If married, widowed, or divorced		
(or) WIFE of Mrs. alcunda Vacle	22. HEREBÝ CERTIFY, That I attended de	
ali: 14 1911	10 1902 to apr 22	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h and alive on	death is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Oate of enset
SAWYER, BDDKKEEPER, etc.	(le sterio scheroses)	101-
	Survey San	930.
SAW MILL, BANK, etc.		
11. Total time (years) spant in this		
year) occupation	Dther Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)		37
(State or country)	- Languasse for fort	1921.9
13. NAME Michael Wagher	ff.	7730
14. BIRTHPLACE (city or town). Pracyland. (State or country)	Name of operation Date of	
	What test confirmed diagnosis?	opsy?
	23. If death was due to external causes (VIDLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	—Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
ma Marca ber 41/2-let	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	c
17. INFORMANT (Address) Wallet Address (Address)	Specify whether injury occurred in INDOSTAT, in NOME, of in Public PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Ulica Glass Date Paris 27, 1935	Nature of injury	
19. UNDERTAKER St. Wo Wright	24. Was disease or injury in any way related to occupation of deceased?	ha
(Address) Walkersville Mid.	If so, specify	
20 Miles In 33 35 Red 11 11	(Signed) Varble It Comp	M. D.
- paradaporte	(Address) April Reservice mod:	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		N	
City)	y item of infor-	S should state	it of OCCUPA.
•	I RECORD, Ever	Y. PHYSICIAN	Exact statemen
BINDING	PERMANEN	EXACTL	ly classified.
FOR	IS A 1	stated	proper
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. ",
	WRITE PLAINLY	mation should be ca	CAUSE OF DEATH in plain terms

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- /32
County Frederic	Registration Dist. No. 153
Village or City hear 10	No
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME marget Wall	Versi
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 274 1981	I list saw h AA alive on Abt 19 5 ,19 32; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et 12 R.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Pull-1
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	7000
10. Date deceesed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) hear Walkerwice (State or country) # new errich & many	Dther Coutributory Causes of Importance:
13. NAME Germin Insters	1/1/38
14. BIRTHPLACE (city or town) - Here started - American J	Name of operation. Date of
15. MAIDEN NAME marget to humiers	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Man Amazine City (State or country) & server of B	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Alemit Waters (Address) Wal serwice med	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Silver Hill Mt Pleasont 1841435	Manner of injury
19. UNDERTAKER & C. Garion (Addiess) Walhermaille m.d.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED for 17, 35, 1 Nard Starffer Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITION	OI TION I OIL	T. O IV I II I II I	O I A I I I I I I I I I I I I I I I I I	10.1	THISTORY

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Exact statement of OCCUPA-

STATE OF MARY	LAND-CERTI	FICATE	OF DEATH
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1. PLACE OF DEATH .	92-00)
County Trederick	Registration Dist. No. 134
Village or City Clear Enumentaling	No. St., Ward
Length of residence in city or fown where death occurred 8.1 yrs. 2.0 m	(If death, occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Teorge W War	there
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Well white S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word) widowed	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Clara Livero	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 2 - 1854	I last sawn alive on 4 0 , 190 ; death is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at the principal cause of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrosis, Valvule Lesser new
work was done, as SILK MILL, Lukel wright SAW MILL, BANK, etc.	7-hers
10. Oate deceased last worked at this occupation (month and 41/32 spent in this occupation 60	
12. BIRTHPLACE (city or town) burntsburg	Other Contributory Causes of importance:
(State or country) und	acute dilatation 7 293
13. NAME Heury Warther	hear
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Latherine Kintstrone	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Heury U. Warthen (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wit St. Marys led Oate april 12, 1930	Nature of injury
19. UNOERTAKER Zu. J. Shuff J. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Cepiel 12,1935 M. F. Shuff	(Signed) / 20/0000 Nucley M. ((Address) Detours and M. (
If more blanks are needed all a Sun P.	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	225
1. PLACE OF DEATH County Frederick	Registration Dist. No. 13	7
	No. V Color St., death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where deeth occurred yrs. I mos. 2. FULL NAME V LOT P. V		rd.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Operil / 7.	193
5d. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d march: 9. 1935, to apprel (7	eceased from
6. DATE OF BIRTH (month, day, and year) Way 28, 1898 7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at 2:15 A m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and oct. 1931 spent in this occupation)	Butmonery Tuberculosis	Date of onset March 1931
12. BIRTHPLACE (city or town) (State or country) 13. NAME WYM W. B or man	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town) Plyna (State or country)	Name of operation home Date of What test confirmed diegnosis? Churt Xray Pos. Was there an au	Topsy? NO
15. MAIDEN NAME / PLNE Krilse 16. BIRTHPLACE (city or town)	23. If death wes dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of infury Where did injury occur?	
17. INFORMANT Violet P. Wlaver (on admission) (Address) 845 Ducatel St. Balto - Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAI	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Bal Co. Md. Date Informing	Manner of injury	
19. UNDERTAKER M.C. Crygger (Address) Thursday And.	24. Was disease or injury in any way related to occupation of deceasad? If so, specify (Signed)	ler M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

item of infor-	should state	of OCCUPA.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS IS A PERM	e stated EXA	e properly clas	f certificate.
ADING INK-THI	d. AGE should b	s, so that it may b	ructions on back o
INLY, WILL UNF	be carefully supplie	EATH in plain term	TION is very important. See instructions on back of certificate.
-WRITE PLA	mation should	CAUSE OF D	TION is very

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH /		(130)	

1. PLACE OF DEATH	(130)
County trederick, was the con	Registration Dist. No. 13
Village or City + secles ch	No. \$30 20 (Organization St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mus. Crueley We	eclose
(a) Residence: No. 210 Broadway (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wagie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brown U. Weeden	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 74 m / RAA OLVE.	I last saw h As aliva on Par 15 ,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 A.m.
38(,) - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	91
o. Trade, profession, apparedual kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	are med sweets
work was done as SILK MILL.	
SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and 4/35 11. Total time (years) spent in this occupation occupation 11. Total time (years) spent in this occupation 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 14. Total time (years) 15. Total time (years	
12. BIRTHPLACE (city or town) Fred. Co.	Other Contributory Causes of importance:
(State or country) much land	aleuto Rephroles 2 mo
13. NAME Thomas Snowden	
13. NAME Thomas Suowdew 14. BIRTHPLACE (rity or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Muny Tousil	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT DECEMBER	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Tauvillo Cem Date april 12,1933	Nature of injury
19. UNDERTAKER Albert V. Riyon	24. Was disease or injury in any way ralated to occupation of deceased?
of the duckey May way	(Signed) ll 4 Bourse M.D.
20. FILED D USY 1955 Registrar.	(Address) - Frederics Trid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	227
-	-e 0 · 1	13	1
	County Jriderik	Registration Dist. No. / 🗸	./
	Village or City Consergency Vaspelle	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
		ds. How long in U.S. if of foreign birth?mo	
2.	FULL NAME Dany (Son Wet	el	
	(a) Residence: No. Jesqure (Mid ()	St., Ward.	
_	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State
3. S		21. DATE OF DEATH	
7	ande the word)	alprel 10	193
5a.	f married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	eceased from
	C. 11 1625	Hast saw h Lin attroball - Dr. advillo 1955	, 19.52
6. D	ATE OF BIRTH (month, day, and year) GE Years Months Days I If LESS than	to have occurred on the date stated above, at 1950	; death is said
***	1 day; - 0hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	were as follows:	Date of onset
10	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born	di 010
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
020	O. Date deceased last worked at this occupation (month and year)		
12.	BIRTHPLACE (city or town) Comurguacy Hospital (State or country) To a lower than the state of t	Other Contributory Causes of importance:	
~	13, NAME Charles Westsell	Elimpsays)	
FATHER	Comment of the commen	Turviu)	
FA	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an au	1000 M
ER.	15. MAIDEN NAME BESSIE Jung	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
žΙ	(State or country) Midd:	Where did injury occur?	
17.	NFORMANT Mr Maurice Sura Sura (Address) Wanting the derish with	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. [BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
	Place Le- gore, and Dato 2 - april 1935	Nature of injury	
19.	UNDERTAKER Covell & Celbaugh	24. Was disease or injury in any way related to occupation of deceased?	(4)
	(Address) woodshow und.	If so, specify	+
20.	FILED 11-april 1935. Dead. he Centy.	(Signed). All Heaves	M. D.
	Kegisfrar.	(Address)	. Bed.

If more blanks are needed, address Statz Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

		-3					
- 1	n	X)	3	*)		
		A.	v.			~	

1. PLACE OF DEATH	China Land
County reserved	Registration Dist. No. 134
Village or City Cumulatura	No. St., Walf death occurred in a horpital or institution, give its NAME instead of street and number) s. Z 4-ds. How long in U.S. it of foreign birth? yrs. mos. d
2. FULL NAME Sorothy Was	Wetel St. Ward:
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	1 HEREBY CERTIFY, Jhat I attended deceased from 1 135 in Nove 13 135
6. DATE OF BIRTH (month, day, and year) Felic, 19-19 34 7. AGE Years Months Days If LESS than	Mast saw her alive on And 3 , 1935; death is sa to have occurred on the date stated above, at 8 4 m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as inlows. Date of onse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) burnetshing (State or country) 13. NAME Line Holder 14. Detail	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis yaccaleyau Was there an autopsyllo
15. MAIDEN NAME Rose Warring 16. BIRTHPLACE (city or town) Fruntaling (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Gurf guttel (Address) Furthelisting Ust. 18. BURIAL, CREMATION, OR REMOVAL.	(Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Freedo Creek Webste 4/15, 12 v	Manner of injury
19. UNDERTAKER (Address) Limits bling red	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fire State Registrar. If more blanks are needed, address State Revistrar.	(Signed) W. A. Cagle M. (Address) Europe Requesting T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
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VINLY, WITH UNFADING INK-TH	l be carefully supplied. AGE should be	EATH in plain terms, so that it may be	important. See instructions on back of	
PLAINLY, WITH UNFADING INK-THI	ould be carefully supplied. AGE should be	F DEATH in plain terms, so that it may be	ery important. See instructions on back of	
TE PLAINLY, WALL UNFADING INK-THI	should be carefully supplied. AGE should be	E OF DEATH in plain terms, so that it may be	is very important. See instructions on back of	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	medion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Frederick	Registration Dist. No.) 3 9
Village or City STATE SANATORIUM.	Mo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs/yrs	/
2. FULL NAME Eugena May W	hitehouse
(a) Residence: No. Landover VA	NSM, EL Ward. TWO. Who . Who
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Oyeril 26, 193 5
a. tf merried, widowed, or divorced	(none) (bay) (real)
(or) WIFE of Glo. T. W lute house	22. I HEREBY CERTIFY. That t attended decessed from 25, 1934, to and 26, 1935
6. DATE OF BIRTH (month, day, and year) 17 11. 20. 1907	I last saw h la alive on Oxerel 26 , 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 Pm.
28 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one et
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Outmonury/wherculosis
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spent in this 2 yrs	
12. BIRTHPLACE (city or town) Wash. B.C. (State or country)	Other Contributory Causes of Importance:
13. NAME Walter E. Newmayer	
14. BIRTHPLACE (city or town) Md.	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Chust & ray of Swesthere an autopsy? No
15. MAIDEN NAME Harriett T. Mc. Donal	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?
17. INFORMANT Eugena M. Whithouse Conadyne (Address) Landone Exely Co-Ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. C. pale Limbourg	Manner of injury
19. UNDERTAKER M. L. C. Halas all. (Address) Thurman M. M.	24. Wes disease or injury in any way related to occupation of deceased? VO
20. FILED, 19 Registrar.	(Signed) Laward M. D. (Address) State Sanator M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

WRITE PLAINLY,

STATE OF MADVI AND CEDTIFICATE OF DEATH

County Frederick Village or City	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Deantville (Widesth occurred in horpise or institution, give an NAME instead of street and number) Length of residence in city or town where death occurred 30 yrs mos		Pagietration Diet No. 13.
Length of residence in city or town where death occurred \$Q_yr_m_msds_Now long in U. S. if of foreign birth? yrs. msds_Now long in U. S. if of foreign birth? yrs. msds_Now long in U. S. if of foreign birth? yrs. msds_Now long in U. S. if of foreign birth? yrs. msds_Now long in U. S. if of foreign birth? yrs. ms		(V 35 1) 17 1
2. FULL NAME Mrs. Edith May Whiten (a) Residence: No. Mountville (Usus place of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR WORKED (wint the word) Married OR WORKED (wint the word) ALL DATE OF DEATH 22. DATE OF BERTH (month, day, and year) 1. DATE OF BERTH (month, day, and year) V. DATE OF BERTH (month, day, and year) 1. AGE Vears Months Oays 1. ILESS than Or. min. S. Trade, profession, or particular wind of work dome. as SPINNER, Solder, Bookneeter, Months S. Trade, profession, or particular wind of work dome. as SPINNER, S. Mounts, BOOKNEETER, etc. S. Andersy on business is reliable. S. Andersy on business is reliable. S. Trade, profession, or particular wind of work dome. as SPINNER, S. Mounts, BOOKNEETER, etc. S. Andersy on business is reliable. S. Andersy on business is reliable. S. Trade, profession, or particular wind of work dome. as SPINNER, S. Andersy on business is reliable. S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. as SPINNER, S. Trade, profession, or particular wind of work dome. Oat of many on the date stated above, at 2, 2,25p.m. The PRINCIPAL Calls of DEATH and related causes of importance Other Contribution Other Contribution Other Contribution Other Contribution Was there an autopayn and Was there an autopayn and Was there an autopay	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Mountville (Usualplace of shock) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, Or BY LONG B	Length of residence in city or town where death occurred 30 yrs mos	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Formale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married widowed, or divorced (IUSSAND) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vests Months Oays 11 ILESS than 1 dey, hrs. or min. 1 Inst shw hill. alive on the date stated above, at 2:25 pm. The PRINCIPAL CAUSE OF DEATH and related cause of importance were at follows: Other Costributory Sunted at this occupation (month and year) 10. Obles decased last worked at this occupation (month and year) 10. The PRINCIPAL CAUSE OF DEATH and related cause of importance were at follows: Other Costributory Causes of importance: Other Costributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME Will Inst Shw Part A Home 14. BIRTHPLACE (city or town) (State or country) Maryland What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) Maryland What test confirmed diagnosis? 15. MAIDEN NAME Carrie Herbert 16. Data decased of the state stated above, at 2:25 pm. Other Costributory Causes of importance: Other Costributory Causes of importance: What test confirmed diagnosis? Was there an autopsy? 16. Data of country) Maryland What test confirmed diagnosis? Was there an autopsy? 17. INFORMANT Reavy G. Thiten (State or country) Maryland What test confirmed diagnosis? Specify whether injury occurred in INOUSTRY, in Holke, or in Public Place. Accident, suicide, or homicide? 18. BURNAL, GREMATION, OR REMOVAL place Manner of injury Nature of injury in eny way related to occupation of decased? (Address) A colorest Accident, specify (Address)	2. FULL NAME Mrs. Edith May Whiten	A The state of the
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE Formal One Divorced Committhe word) Married To Month One Divorced Married To Month One Divorced One Divor	(a) Residence: No. Mountville	Ward.
3. SEX 4. COLOR OR RACE ON DIVENCED ON DI		
Pemale Document Composition Compositi		
Sa. III married, widowed, or divorced (cr) Wife of Reavy S. Whiten V. DATE OF BIRTH (month, day, and year) V. DATE OF	OR DIVORCED (write the word)	
HUSSAND of (or) Wife of Reavy S. Whiten Content of Birth (month, day, and year) Content of Birth (month, day,		
DATE OF BIRTH (month, day, and year) North Source (and the profession, or particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work done as SPINNER, Housewife (and the profession of particular kind of work was done as SPINNER, Housewife (and the profession of particular kind of work was done as SPINNER, Housewife (and the profession of the principal and the profession of the	HUSBAND of	22. L. IHEREBY CERTIFY That I attended deceased from
Same of the control	Reavy 3. Willen	Hay 1975 to form 18 1930
8. Trade, profession, or particular for min. 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 10. Qate deceased last worked at this occupation (month and year) 11. SHRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Sunnys ide M. F. Cembete 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Sunnys ide M. F. Cembete 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. A. R. F. Chison & Son (Address) 19. UNDERTAKER 19. UNDERTAKER 19. Or the did injury in eny way related to occupation of deceased? 19. UNDERTAKER 19. Or the did injury in eny way related to occupation of deceased? 19. UNDERTAKER 19. Or the did injury in eny way related to occupation of deceased? 19. UNDERTAKER 19. Or the did injury in eny way related to occupation of deceased? 19. UNDERTAKER 19. Or the did injury in eny way related to occupation of deceased? 19. Or the did injury 19. Or the did injury 19. Or the did injury 19. Or the did injury in eny way related to occupation of deceased? 19. Or the did injury 19. Or the did injury 19. Or the did injury 19. Or the did injury in eny way related to occupation of deceased? 19. Or the did injury 1		I last saw har alive on
8. Trade, profession or particular kind of work done, as SPINNER, SAWER BOOKKEPER, etc. SAWER BOOKKEPER, etc. Housewife 9. Industry or business in which work was done, as SILK MILL, At Home 10. Pale decased last worked at this occupation (month and were as follows: 10. Pale decased last worked at this occupation (month and were) 12. BIRTHPLACE (city or town). (State or country) Maryland 13. NAME William F. Thomas 14. BIRTHPLACE (city or town) (State or country) Maryland What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was there an aulopsy? What test confirmed diagnosis? Was there an aulopsy? What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? What test confirmed diagnosis? What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was there an aulopsy? Where did injury occur? (Specify city or town). (State or country) Maryland Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT BRAYY S. Thiten (Address) Frederick, Maryland 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland Capting Address M. D. Registraf (Address) M. D. (Address)		
S. Trade, profession, or particular sind of work done, as S. SPINNER, SAWYER, BOOKREPER, etc. 9. Industry or business in which work was done, as SILK MILL, At Home 10. Date deceased last worked at the securation (month and year) 11. BIRTHPLACE (city or town). (State or country) 12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Maryland 16. BIRTHPLACE (city or town). (State or country) Maryland 17. INFORMANT Reavy S. Whiten (Sade or country) Maryland 18. BURIAL, CREMATION, OR REMOVAL Place Sunnyside M. F. Cembete 4/13/35, 19. 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland M. D. Registraf M. D. Registraf M. D. (Signed) M. D. (Address)		was a fallows
12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME William F. Thomas 14. BIRTHPLACE (city or town) (State or country) Maryland 15. MAIDEN NAME Carrie Herbert 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Reavy S. Whiten (Address) Mountville, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Runnyside M. F. Cembate 4/13/35, 19. 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 20. FILED! 2. Aga., 19.2 S. Aga. Maryland 11. Total time (years) spent in this spent in this spent in this separation. Other Coatribatery Causes of importance: Other Co	8. Trade, profession, or particular kind of work done as SPINNER.	100000000000000000000000000000000000000
12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME William F. Thomas 14. BIRTHPLACE (city or town) (State or country) Maryland 15. MAIDEN NAME Carrie Herbert 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Reavy S. Whiten (Address) Mountville, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Runnyside M. F. Cembate 4/13/35, 19. 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 20. FILED! 2. Aga., 19.2 S. Aga. Maryland 11. Total time (years) spent in this spent in this spent in this separation. Other Coatribatery Causes of importance: Other Co	SAWYER, BOOKKEEPER, etc. HOUSEWITE	rections factor 7-apr 3:
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13. NAME William F. Thomas	12. BIRTHPLACE (city or town)	Other Coatribatory Causes of importance:
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20. FILED! 2. CALA., 19. 2. Sa Zana Registrat. (Signed). (Address). 601. Scarat M. D.		
20. FILED: 05. 19-2 - Andrews (Address) 600 - 8 cured		WALL FOR THE STATE OF THE STATE
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

Registrar.

(Yoar)

Date ol onset Was there an au'opsy?. (Specify city or town, county and State) (Address)

(Day)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	332
state UPA	1. PLACE OF DEATH	89-8	
P 1	County Firederes	Oleland Registration Dist. No. 131	
item of should of OCC	Village or City on Frederick	No. Tutalin doilly, St.	War
PO /	Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and num	
Every CIANS ement	2. FULL NAME Sandra Lavaw (Valle	
KD. YSIG	(a) Residence: No. Lenden Hills a	sil Outwoodl)	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St. MEDICAL CERTIFICATE OF DEATH	ste
RIV. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH .	
E	Flessale White OR DAVORCED (write the word)	April (Month) (Day)	935 (Year)
A C T I ssifted.	5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY That Lattended de	1,43
A A ass	(or) WIFE of	April 10 1935 to april 17	reased from
EX EX	6. DATE OF BIRTH (month, day, and year) Sept 28, 1934	Hart saw her alive on april 1/6 1935	leath is sai
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 a.m.	
IS A P stated properly certificat	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
***	8. Trade, profession, or particular kind of work done, as SPINNER,	Ha : lla cata di tia	ate of onse
HIS I be y be k of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		
vK-T should it may n back	work was done, as SILK MILL,		
sh sh u	D ID. Date deceased last worked at this occupation (month and spant in this	-	
AGE that ons	year) gc:upation	Diher Contributory gauses of importance:	
cti so	12. BIRTHPLACE (city or town) Treslerice		4.10.3
NFAL oplied. erms, s instruc	(State or country)	/	
JNF pplie term inst	14. BIRTHPLACE (city or town) Melles welle		
su su iin	4 14. BIRTHPLACE (city or town) // (State or country)	Name of operation Date of	
2 6	œ	What test confirmed diagnosis? Was there an au'd	psy?
reful in p	T	23. If death was due to external causes (VIOLENCE) fill in also the following:	
Car CTH Port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	_, 19
d be cal	Mai cotta Maldo,	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT CANCELLA TIELLA Frederick Land.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	10
4.3 10	18. BURIAL, CREMATION; OR BEMOVAL	Manner of injury	
	Place / W. Offeld Date Priss 8, 1992	Nature of injury	
mation s CAUSE TION is	19. UNDERTAKER Slandiely Co.	24. Was disease or Injury In any way related to occupation of deceased?	10
n n	(Address) MCAREFFAIR OF	If so, specify	
z T	20. FILED A 1935 Resistrar.	(Signed) (Address) Hellerick . The	M, I
	If more blanks are needed, address State Registrar,	2411 N. Charles Street Balismore, Requesting U. S. No. 1.	

MARGIN RESERVED FOR BINDING

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			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	The second	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones A		May 1,1923	Gastroenteritis	1 year

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FATHER

MOTHER

state

of OCCUPAshould

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. /34
Village or City on cut. St. Cuarys	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred Zyrs mos 2. FULL NAME Welhelmina C	joing
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Pleusle white Divorced (write the word) William 1	21. DATE OF DEATH (Mil 10 (Pay) (Year)
DATE OF BIRTH (month, day, and year)	27. I HEREBY CERTIFY That I attended deceased from
AGE Years Months Days If LESS than I day,hrs. 8. Trade, profession, or particular kind of work done, as SPINNER, ## A	to have occurred on the date stety above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as address. Date of onset

Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (dity (State or country) What test confirmed diagnosis 15. MAIDEN NAME 23. If death was dua to external couses (VIOLENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Manner of injury Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 14			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

	nfor-	state	JPA.	
	of i	plu	CCL	
	item	sho	of (
	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
	TR	Y.	6	1
MARGIN RESERVED FOR BINDING	RMANEN	XACTL	classified.	
E E	PE	d E	rly	cate.
FOR	IS A	state	prope	ertifi
Q A	HIS	be	þe	o Jo
SERVI	NK-TI	plnous	it may	TION is very important. See instructions on back of certificate.
N RE	ING I	AGE	so that	ctions (
ARGI	UNFAI	upplied.	terms,	e instru
	E	ully si	plain	t. Se
	ILY, V	e caref	ATH in	portan
	PLAT	onld be	F DE	ery im
	TE	u sh	E O	is v
T.	-WRI	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	80.2	
county trederice,	Registration Dist. No.	
Village or City To Kung Sange	No. St., Ward	
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
Tailes I A	Of a serious in a.s. if of foreign bitting yes	
2. FULL NAME HOUSELLA &		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH OF A OO	
Genale White Widow	(Month) (Day) (Year)	
5e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Grome Gellar	22. I HEREBY CERTIFY That I attended deceased from	
6. DATE OF BIRTH (month, day, end year) Feb 19 1864	I last saw h elive on Grand 1930 ; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,	
71 2 10 1 day,	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
9 Trade profession or pertinular	Date of onset	
Kind of work done as SPINNER, However of e	Notemma 1 Draw	
9. Industry or business in which work was done, as SILK MILL,	1 1	
SAW MILL, BANK, etc	V	
this occupation (month and year)		
1 1	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME July Aliga		
E CONTRACTOR OF THE PROPERTY O	N	
[Stete or country]	Name of operation Date of Was there an autopsy?	
15. MAIDEN NAME Watter	What test confirmed diegnosis? Was there an aulopsy? 23. If deeth was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of injury, 19	
State or country)	Where did injury occur?	
17. INFORMANT Miss Leslie Misler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Brunawick mil		
18. BURIAL, CREMATION, OR REMOVAL	Manner ol Injury	
Place MA Cline Date May 2, 1935	Neture of injury	
19. UNDERTAKER PARTY for	24. Was disease or injury in any way releted to occupation of deceased?	
(Address) January My	If so, specify	
20. FILED ahr 30, 19 35 mms 4.1 Herrs	(Signed) M. D.	
Registrar.	(Address)	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year